



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/24/2013	201317500645	DOMESTIC/REINSTATEMENT (REN)	25.00	.00		.00	.00

**Receipt**

This is not a bill. Please do not remit payment.

VAN VOORHIS FAMILY FOUNDATION  
13 MARIA PLACE  
PONTE VERDA BEACH, FL 32082

# STATE OF OHIO CERTIFICATE

**Ohio Secretary of State, Jon Husted**

**1199456**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

**VAN VOORHIS FAMILY FOUNDATION**

and, that said business records show the filing and recording of:

Document(s)

Document No(s):

**DOMESTIC/REINSTATEMENT**

**201317500645**

**Effective Date: 06/24/2013**



United States of America  
State of Ohio  
Office of the Secretary of State

Witness my hand and the seal of  
the Secretary of State at Columbus,  
Ohio this 24th day of June, A.D.  
2013.

Ohio Secretary of State



Form 525B Prescribed by the: Ohio Secretary of State

Central Ohio: (614) 466-3910  
Toll Free: (877) SOS-FILE (767-3453)

www.OhioSecretaryofState.gov  
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)  
P.O. Box 788  
Columbus, OH 43216

Expedite Filing (Two-business-day processing time requires an additional \$100.00).  
P.O. Box 1390  
Columbus, OH 43216

Reinstatement

Filing Fee: \$25

(CHECK ONLY ONE (1) BOX)

<p>(1) <input checked="" type="checkbox"/> Reinstatement of a Nonprofit Corporation (for failure to file a statement of continued existence) (109-RENN)</p>	<p>(2) <input type="checkbox"/> Reinstatement of a Limited Liability Partnership (for failure to file biennial report(s)) (112-PLR)</p> <p>THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)</p> <p>Cancellation Date The entity was canceled on <input type="text"/></p>
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(3)  Reinstatement of a Professional Corporation (for failure to file biennial report(s)) (110-RENP)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)

Name of Entity

Charter/Registration Number

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED

Reinstatement must be signed by an authorized representative. (see instructions for specific information)

Signature

By (if applicable)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

Print Name

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name