



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

- (1) ☒ Reinstatement of a Nonprofit Corporation
(for failure to file a statement of continued
existence)
(109-RENN)

- (2) ☐ Reinstatement of a Limited Liability Partnership
(for failure to file biennial report(s))
(112-PLR)

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

Cancellation Date

The entity was canceled on

- (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 VAN VOORHIS FAMILY FOUNDATION

Charter/Registration Number 1199456

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)

SAMUEL D VAN VOORHIS, TRUSTEE
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.

SAMUEL D VAN VOORHIS
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.

VAN VOORHIS FAMILY FOUNDATION
Signature

By (if applicable)

SAMUEL D VAN VOORHIS
Print Name