

DATE: 06/27/2013 DOCUMENT ID 201317800986

DESCRIPTION
DOMESTIC/REINSTATEMENT (REN)

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NORMAN J. FRANKOWSKI, II 50 E BUSINESS WAY STE 410 CINCINNATI, OH 45241

# STATE OF OHIO CERTIFICATE

### Ohio Secretary of State, Jon Husted

1732050

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

#### KEENELAND ESTATES HOMEOWNERS' ASSOCIATION, INC.

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

Document(s):

Document No(s):

DOMESTIC/REINSTATEMENT

201317800986

Effective Date: 06/27/2013



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 27th day of June, A.D. 2013.

Ohio Secretary of State

for Husted



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

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## Reinstatement Filing Fee: \$25



10115017				
(CHECK	ONLY	ONE	[1]	BOX

(CHECK ONLY ONE (1) BOX)				
1 2	a Nonprofit Corporation a statement of continued	(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		
THIS FO	(for failure to file (110-RENP) RM MUST BE ACCOMPANIED	f a Professional Corporation biennial report(s)) BY ALL DELINQUENT BIENNIAL REPORT(S) AND		
Name of Entity Keeneland E	states Homeowners' Asso	ociation, Inc.		
Charter/Registration Number 1732050				
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)	PON VIOUSO		
If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.	Norman J. Frankowski, I Print Name	II, Attorney for Corporation		
If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative	Signature  By (if applicable)  Print Name			
of the business entity must sign in the "By" box and print their nam	,	Lost Professor 2/6/12		

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