



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
07/02/2013	201318200827	DOMESTIC/REINSTATEMENT (REN)	25.00	.00		.00	.00

**Receipt**

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

TRINITY DANCE COMPANY  
ATTN: KELLY K. PARKS  
215 OVERLOOK DRIVE  
MEDINA, OH 44256

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Jon Husted**

1740342

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

**TRINITY DANCE COMPANY**

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

Document(s)

**DOMESTIC/REINSTATEMENT**

Document No(s):

**201318200827**

**Effective Date: 07/01/2013**



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 2nd day of July, 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

RECEIVED

### Reinstatement

Filing Fee: \$25

JUL 01 2013

(CHECK ONLY ONE (1) BOX)

SECRETARY OF STATE

<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