



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
01/13/2014	201401001551	DOMESTIC/REINSTATEMENT (REN)	25.00	.00		.00	.00

Receipt

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

KJP MINISTRIES
363 MACREADY AVE
MONROE, OH 45050

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted

1756591

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

K.J.P. MINISTRIES

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

201401001551

Effective Date: 01/08/2014



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 13th day of January,
A.D. 2014.

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 KJP MINISTRIES

Charter/Registration Number 1756591

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)

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

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)

TORI D. PRESTON

Print Name

Signature

By (if applicable)

KENYA J. PRESTON

Print Name