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|------------|--------------|---------------------|--------|-------|------|------|
| 06/02/2022 | 202215100854 | REINSTATEMENT (REN) | 25.00 | 0.00 | 0.00 | 0.00 |

Receipt

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

FRANKLIN RISING
4653 TRUEMAN BLVD
HILLIARD, OH 43040

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Frank LaRose

2314426

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

FRANKLIN RISING

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

Document(s)

REINSTATEMENT

Document No(s):

202215100854

Effective Date: 05/31/2022



Witness my hand and the seal of the
Secretary of State at Columbus, Ohio this
2nd day of June, A.D. 2022.

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

Ohio Secretary of State

Form 525B Prescribed by:



Telephone: 877.767.3453

OhioSoS.gov | business@OhioSoS.govFile online or for more information: OhioBusinessCentral.gov

Reinstatement

Filing Fee: \$25
Form Must Be Typed

(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)

Cancellation Date

The entity was canceled on MM/DD/YYYYTHIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT
BIENNIAL REPORT(S) AND FILING FEE(S)

(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)

(4) **Reinstatement of a Tax Canceled**
 Corporation
(109-RENN)

THIS FORM MUST BE ACCOMPANIED BY THE CERTIFICATE OF
TAX CLEARANCE FROM THE OHIO DEPARTMENT OF TAXATIONName of Entity FRANKLIN RISINGCharter/Registration Number 2314426

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.

 Thomas M. Heffner Signature By (if applicable) Thomas M. Heffner Print Name Signature By (if applicable) Print Name