



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
03/16/2022	202207402534	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

**Receipt**

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

AFRICENTRIC PERSONAL DEVELOPMENT SHOP, INC.  
1409 E. LIVINGSTON AVE  
COLUMBUS, OH 43205

**STATE OF OHIO  
CERTIFICATE**

**Ohio Secretary of State, Frank LaRose  
739021**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for  
**AFRICENTRIC PERSONAL DEVELOPMENT SHOP, INCORPORATED**

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

Document(s)  
**REINSTATEMENT**

Document No(s):  
**202207402534**

Effective Date: **03/15/2022**



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  
16th day of March, A.D. 2022.

**Ohio Secretary of State**

Form 525B Prescribed by:



Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

[OhioSoS.gov](http://OhioSoS.gov) | [business@OhioSoS.gov](mailto:business@OhioSoS.gov)

File online or for more information: [OhioBusinessCentral.gov](http://OhioBusinessCentral.gov)

# Reinstatement

**Filing Fee: \$25**

**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

<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><b>Cancellation Date</b> The entity was canceled on <input type="text" value="MM/DD/YYYY"/></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)

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)

Print Name

Signature

By (if applicable)

Print Name