DOC ID ----> 201704400748

DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/13/2017	201704400748	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00	0.00

Receipt

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

CINCINNATI TRADITION
5664DESERTGOLD DR
CINCINNATI, OH 45247

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
676769

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

CINCINNATI TRADITION

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

Document(s)	Document No(s):
REINSTATEMENT	**201704400748**

Effective Date: 02/08/2017

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 February, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201704400748

Form 525B Prescribed by:
JON HUSTED
OHIO SECRETARY OF STATE
Toll Free: (877) SOS-FILE (877-767-3453)
Central Ohio: (614) 466-3910
www.OhioSecretaryofState.gov
busserv@OhioSecretaryofState.gov
File online or for more information: www.OHBusinessCentral.com

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 $[illegible])
P.O. Box 1390
Columbus, OH 43216

2017 FEB -8 PM 1:57

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 05/13/1991

(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 Cincinnati Tradition

Charter/Registration Number 676769

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)

Thomas Slade
Print Name

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

Signature

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.

By (if applicable)

Print Name