DOC ID ----> 201713702100

DATE	DOCUMENT ID	DESCRIPTION	FILING	OVER PAYMENT	EXPED	CERT	COPY
05/17/2017	201713702100	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00	0.00

Receipt

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

AWA BUSINESS CORPORATION
700 W PETE ROSE WAY STE 529
CINCINNATI, OH 45203

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Jon Husted
983161

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

AWA BUSINESS CORPORATION

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

Document(s)	Document No(s):
REINSTATEMENT	**201713702100**

Effective Date: 05/17/2017

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 17th day of May, A.D. 2017.

Jon Husted

Ohio Secretary of State

DOC ID ----> 201713702100

Form 525A 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

Reinstatement & Appointment of Agent

For a Foreign or Domestic Corporation
For Failure to Maintain a Statutory Agent
(108-REN) & (111-FREA)

Name of Corporation AWA BUSINESS CORPORATION

Charter or License Number 983161

All corporations must complete this section

New Statutory Agent Name and Address

BENJAMIN I NWANKWO
Name

700 W PETE ROSE WAY STE 529
Mailing Address

CINCINNATI
City

OH
State

45203
Zip Code

☒ **Please check here to confirm that the agent is an Ohio resident, an Ohio corporation, or a foreign corporation licensed under Ohio law.**

Only Domestic Corporations must complete this section

Acceptance of Appointment

The undersigned, BENJAMIN I NWANKWO , named herein as
Name of Agent

the statutory agent for, AWA BUSINESS CORPORATION
Name of Corporation

hereby acknowledges and accepts the appointment of statutory agent for said entity.

Signature: BENJAMIN I NWANKWO
Individual Agent's Signature/Signature on behalf of Corporate Agent

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 a corporate officer, or if a nonprofit corporation, then by an officer of three members in good standing.

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.

BENJAMIN I NWANKWO
Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name