



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	CERT	COPY
08/09/2017	201722101676	REINSTATEMENT (REN)	25.00	0.00	0.00	0.00

Receipt

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

INTERNATIONAL INSTITUTE OF AKRON
207 E. TALLMADGE AVE.
AKRON, OH 44310

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted
208426

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

INTERNATIONAL INSTITUTE OF AKRON, INC.

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

Document(s)

REINSTATEMENT

Document No(s):

201722101676

Effective Date: **08/09/2017**



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
9th day of August, A.D. 2017.

Ohio Secretary of State

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 \$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 MM/DD/YYYY
--	---

(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	INTERNATIONAL INSTITUTE OF AKRON, INC. 208426
--	---

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.

<i>Kurt A. Winebrenner</i> Signature By (if applicable) Kurt A. Winebrenner, Director of Business/Operations Print Name Signature By (if applicable) Print Name	
---	---