) (BB/AB (AB)) BB/A BB/A BB/B (BA/A (AB)) BB/A BB/A BB/A BB/A (BB/A (BB/A (BB/A

DATE: 06/23/2008

DOCUMENT ID DESCRIPTION DOMESTIC/REINSTATEMENT (REN)

PENALTY

CERT

COPY

Receipt

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

JAMES D. HOOD II 943 S. WARREN AVENUE COLUMBUS, OH 43204

STATE OF OHIO

CERTIFICATE

Ohio Secretary of State, Jennifer Brunner

888709

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

AMAZING GRACE BAPTIST CHURCH

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

Document(s)

DOMESTIC/REINSTATEMENT

Document No(s):

200817500910



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 20th day of June, A.D. 2008.

Ohio Secretary of State



Prescribed by:

Ohio Secretary of State Central Obio: (614) 466-3910 -Toll Free: 1-877-SOS-FILE (1-877-767-3453)

www.sos.state.oh.us e-mail: busserv@sos.state.oh.us

Exped	ite this Form: (Select One)
Vallen	reference the following?
	PO Box 1390
Yes	Columbus, OH 43216
*** Requires an additional fee of \$100 ***	
O _{No}	PO Box 788
	Columbus, OH 43216

REINSTATEMENT

(For Domestic or Foreign, Profit or Nonprofit) Filing Fee \$25.00

THE UNDERSIGNED DESIRING TO FILE A: (CHECK ONLY ONE (1) BOX) (1) Reinstatement & Appointment (2) Reinstatement & Appointment of (3) Reinstatement of a Nonprofit of Agent Agent for a Foreign Corporation Corporation (for failure to maintain a statutory agent) (for failure to maintain a statutory agent) (for failure to file a statement of continued (108-REN) (111-FREA) existence) (109-RENN) (4) Reinstatement of a Registered Partnership Having (5) Reinstatement of a Professional Corporation Limited Liability (for failure to file annual or biennial reports) (for failure to file annual or biennial reports) (112-PLR)
THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR
BIENNIAL REPORTS WITH FILING FEES THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT ANNUAL OR BIENNIAL REPORTS WITH FILING FEES Complete ALL of the general information in this section for the box checked above. Name of Entity Charter or Registration No. 888709 Cancellation Date The entity was canceled on (list date): Complete the information in this section if box (1) or (2) is checked. Name and Address of New Agent (if applicable) (Name) (Street) NOTE: P.O. Box Addresses are NOT acceptable. Ohio (City) (Zip Code) ACCEPTANCE OF APPOINTMENT The Undersigned, named herein as the Statutory agent for, hereby acknowledges and accepts the appointment of statutory agent for said entity. Signature: (Statutory Agent) REQUIRED 6-20-200

Must be authenticated (signed) by an authorized representative (See Instructions)

horized Representative