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Cook County Recorder

File Number 5936-153-8



**COOK COUNTY** RECORDER **EUGENE "GENE" MOORE ROLLING MEADOWS** 

## Office of The Secretary of State

Whereas.

DBC, LCSW, INC. INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAS BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

JANA C Now Therefore, I, Jesse White, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois.

at the City of Springfield, this 31ST A.D. day of and of MARCH 2000 the Independence of the United States the two hundred and

24TH

Desse White

Secretary of State

C-212.3

## Form BCA-12.45/

13.60

APPLICATION FOR REINSTATEMENT of DOMESTIC OR FOREIGN CORPORATIONS

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services Springfield, IL 62756 http://www.sos.state.il.us

Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

This space for use by Secretary of State

MAR 2 9 2000

JESSE WHITE SECRETARY OF STATE File # 1 5936-153-8

## SUBMIT IN DUPLICATE!

This space for use by Secretary of State
Date 3-29-

Filing Fee

\$ 100.00

Approved:

1.	(a)	Corporate name as of the date of issuance of the certificate of dissolution or revocation:
		- BC, LCSW, Inc.
	(p)	Corporate name as charged:
		(Note 1)
	(c)	If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name:
		(Note 2)
2.	Stat	te of incorporation:
3.	Dat	e that the certificate of dissolution or revocation was issued:
4.	3) N bac	ne and address of the Illinois registered agent and the Illinois egistered office, upon reinstatement: (Note NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on sk of this form.  Registered Agent  IOHN C. VO.ITA  First Name  Middle Name  Last Name  Last Name  Number  Number  ARLINGTON HEIGHTS, IILINOIS 60005  County
5.		s application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, nse fee and penalties required.
6.	The affir	e undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom ms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in <b>BLACK INK</b> .)
	Dat	red /Mauh 24 2000 NBC, LCSN, Tnc. (Month & Day) (Year) (Exact Name of Corporation)
	atte	(Signature of Secretary or Assistant Secretary)  by <u>Jeruna Gunhilton</u> (Signature of President or Vice President)
		(Type or Print Name and Title) (Type or Print Name and Title)