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File Number 5642-809-7

4012/0038 80 002 Page 1 of 4
2000-08-14 14:22:47
Cook County Recorder 27.50

COOK COUNTY
RECORDER
EUGENE "GENE" MOORE
BRIDGEVIEW OFFICE

3.



State of Allinois Office of The Secretary of State

THE REINSTALEMENT OF
HAMILTON HILLS CONDOMINIUM ASSOCIATION
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAS BEEN FILED
IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE GENERAL
NOT FOR PROFIT CORPORATION ACT OF ILLINOIS, IN FORCE JANUARY 1,
A.D. 1987.

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.

affixed the Great Seal of the State of Illinois, at the City of Springfield, this

day of July

A.D.

the Independence of the United States the two hundred and

25TH

...

Desse White

Secretary of State

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Property of Coot County Clerk's Office

JUL 28 2000

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NFP-112.45/113.60 (Rev. Jan. 1999)

Secretary of State State of Illinois File # N5642-809-7

Submit in Duplicate

Payment must be made by certified check, cashiers' check or a money order, payable to "Secretary of State."

APPLICATION FOR REINSTATEMENT
OF DOMESTIC OR FOREIGN
CORPORATION UNDER THE
GENERAL NOT FOR PROFIT
CORPORATION ACT

This Space For Use By Secretary of State

Date 1/14/

Filing Fee \$ 25

Approved

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1986," the undersigned corporation hereby applies for reinstatement and submits the following statement.

	1.	The name of the corporation, as of the date of issuance of the certificate of dissolution or revocation, is Hamilton Hills Condominium Association								
			0		· · · · · · · · · · · · · · · · · · ·		····	-		
		and the name of the corporation as changed is								
				Ox					(Note 1)	
							thority unde	r an assumed	corporate name	
		restrictio	on, the assur	ned corpore (6	name is _					
-	_				70	<u></u>		·	(Note 2)	
	2.	The date	e that the cer	tificate of diss	solution or re	evocatio	n was issued	d was <u>11</u> (Month &	0298 & Day) (Year)	
+	3.	The nam (Note 3)	ne and addre	ss of its regis	tered agent	and its re	gistered offi	ice, upon reins	statement will be:	
FI		Fa	ered Agent		;		0	Innocen	ti	
	u 1	A Reggist	ered Office	First Name	. Centra		Name		Last Name	
		•		Number Oak Lay	S	Street	Suite # (A I 0.453		is not acceptable)	
JE CECRF	SSE	WHITE OF STA		City	fO)	ZIP	Code	Or	Cook County	
Stour	4.	This app	lication is ac	ccompanied t	y all deling	uent rep	ort forms to	gether with to	e filing fees and	
		penanies	s required.	a de la companya de					Ö	
					\Rightarrow					
				12 N						
		The unde	ersigned corn	noration has ca	aused this ar	onlication	a to bo signor	d by ita duly av	thorized officers,	
	each	of whom	affirms, unde	er penalties of	perjury, that	the facts	stated herei	in are true. (Ali	trionzed officers, I signatures must	
	be in	BLACK	<u>INK</u> .)	_					_	
1	Date	d <u><i>]v/ A</i></u>	7 3 / , (Month &)	2000	,				ndominium Ass	00
;	attes	ted by	Jaittal	V. Jala	(Year)	etasis	y nata		elex	
		,	_	cretary or Assi	_	* .	(Signature Natalie		r Vice President) 12 President	
			(Type of	r Print Namé ai	nd Title)	/		e or Print Name	and Title)	

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Topological Collumn Clarks

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