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File Number 5775-588-1

4164/0010 15 005 Page 1 of 2000-09-01 09:30:47 Cook County Recorder



COOK COUNTY RECORDER EUGENE "GENE" MOORE ROLLING MEADOWS

State of Allinois Office of The Secretary of State

Whereas.

THE REINSTATEMENT OF BANC STREET ACQUISITIONS, 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.

JUNIL 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

day of AUGUST A.D. 2000 and of the Independence of the United States the two hundred and

Desse White

Secretary of State



Form BCA-12.45/

13.60

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

FILED

AUG 18 2000

JESSE WHITE SECRETARY OF STATE File # D 5775-588-1

SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date

8-18-00

Filing Fee

\$ 100.00

Approved:

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1.	(a)	Corporate name as of the date of issuance of the certificate of dissolution or revocation:					
		Banc Street A	icquisitions,	Inc.			
	(b)	Corporate name as changed:					
			Ox			(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	ate of incorporation: <u>Illinois</u>					
3.	Date	te that the certificate of dissolution or revocation was issued: August 9, 2000					
4.	<i>3)</i> N	ne and address of the Illino OTICE! Completion of ite of this form. Registered Agent	m #4 does not cons $ \begin{array}{c} $	Drive Street	Suite # (A P.	e, upon reinstatement: (Noi fice change. See note #3 c Fleisher Last Name O. Pox alone is not acceptable Lake County	n
5.	This licen	s application is accompanied by all delinquent report forms together with the filing fees, nanchise taxes, use fee and penalties required.					
6.	affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK IN						
		d Hugust 16 Monthly day ned by 100 (Signature of Secretar	y or Assistant Secretar	by	C Street A (Exact Name of (Signature of President)		~-
		(Type or Print)	Vame and Title)	f zkylc	(Type or Print A	1, VICE-11es, Sent	•