UNOFFICIAL CO \$37,0004 30 001 Page 1 of

2000-11-28 08:42:03

Cook County Recorder

File Number 3019-329-6



## State of Allinois Office of The Secretary of State

Whereas,

THE REINSTATEMENT OF ILLINOIS COLLEGE OF OPTOMETRY
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.

" C

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

25TH

esse White

Secretary of State



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

File# 30193296 This Space For Use By

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** 

Secretary of State Date 11-13-00 Filing Fee

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 Illinois College of Optometry   |                              |   |                                      |  |           |
|               |  |                              |   |                                      | <u> </u>   |           |
|               | and the name of the corporation as changed is  |                              |   |                                      |  |           |
|               |  |                              |   |                                      | (Note 1)   |           |
|               | and, if a foreign corpo  | ificate of au                | cate of authority under an assumed corporate name |                                      |  |           |
|               | restriction, the assume  | ed corporate name i          | s   |                                      |  |           |
|               |  |                              |   | (N                                   |  |           |
| 2.            | The date that the cert   | ificate of dissolution       |   |                                      |  | ,         |
| 3.            | The name and addres  |                              |   |                                      | (Month & Day)  | (Voar)    |
|               | Registered Agent _   | Stanley R. Wei               | nberger   |                                      |  |           |
|               | Registered Office  | First Name 55 E. Monroe      | Midala  | Nume                                 | Last   | Name      |
|               | _  | <i>Number</i><br>Chicago     | Street<br>6060                                    | Suite # (A P.O                       | ). box alone is not acc<br>Cook  | ceptable) |
|               | <del>-</del>   | City                         | ZIP C   |                                      |  | ounty     |
| 4.            | This application is according to panalties required.   | ompanied by all de           | liquent repo                                      | ort forms togeth                     | her with the filing  | fees and  |
|               |  |                              | 009   | 30345                                | NOV 13 2   | 100       |
| offic         | The undersigned corp<br>cers, each of whom af<br>signatures must be in <u>B</u>                          | tirms, under penalti         | this applicates of perjui                         | ation to be sign<br>ry, that the fac | JESSE WHIT<br>SECRETARY OF S<br>ned by its duly a<br>cts stated herein | STATE:    |
| Date<br>attes | (Month & De Saulary &  |                              | ear)  | y Exact N                            | llege of Opt   | In .      |
|               | Barbara Renard<br>(Type or Pr  | Asst.<br>int Name and Title) | Sec. ch   | arles F. Mullen, C<br>(Type o        | D.D., F.A.A.O. Pre<br>or Print Name and Titl                           |           |