File Number 6079-041-8

## State of Allinois Office of The Secretary of State

Whereas,

THE REINSTATEMENT OF GRANITE GALLERY, 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
IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

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 and of A.D. 2001 day of JUNE the Independence of the United States the two hundred and 25TH

Jesse White

Secretary of State

C-212.3

## UNOFFICIAL COPY

Property of County Clerk's Office

Form BCA-12.45/

13.60

APPLICATION FOR REINSTATEMENT of DOMESTIC OR FOREIGN CORPORATIONS

File # D 6079-041-8

(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.

for use by Secretary of State This space

JUN 19 2001

JESSE WHITE SECRETARY OF STATE SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date

6-19-01

Filing Fee

\$ 100.00

Approved:

۱.	(a)	Corporate name as of the date of issuance of the certificate of dissolution of revocation:  GRAINETE GALLERY JNC 612
	(b)	Corporate name as changed: GRANITE GALLERY, JNC.  (Note 1)
	(c)	If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name:
2.	Stat	e of incorporation: JLLINOIS
3.	Date	e that the certificate of dissolution or revocation was issued: 05 01 2001
1.	3) N bac	ne and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note IOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on k of this form.  Registered Agent  CEZARY  First Name  Middle Name  Last Name  Last Name  White Process of the Illinois registered office, upon reinstatement: (Note or office change. See note #3 on the Note of this form.  Registered Agent  First Name  Middle Name  Last Name  CHICAGO  City  ZIP Code  COUNTY  County
5.	This lice	s application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, use fee and penalties required.

6	The undersigned corporation has caused this statement to be signed by its duly authorized officers, each officers.	I WHOM
٠.	affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLAC	<u>K INK</u> .)
	Williams and a believe at believe at the standard at the stand	

attested by

(Signature of President/or Vice President)

(Type or Print Name and Title)

(Type or Print Name and Title)

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