UNOFFICIAL COPY

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

Submit in Duplicate

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

JESSE WHITE Secretary of State State of Illinois

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

File # N 5182-284-6

This Space For Use By Secretary of State

38.00 Date

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.

and the name of the surporation as changed is JESSE WHITE	1.	The name of the corporation, as of the date of issuance of the certificate of dissidution or reversity,					
and the name of the corporation as changed is SECRETARY OF STATE		is PRINCETON HOUSE	E CONDOMINIUM A	SSOCIATION	,		
and, if a foreign corporation naving a certificate of authority under an assumed corporate name restriction, the assumed corporate name is	 	" · O			•	O_NAIT	- 2002
and, if a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name is		and the name of the	corporation as	changed is _		JESSE V SE CRETARY	VHITE OF STATE
and, if a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name is			Q.c				(Note 1)
2. The date that the certificate of dissolution or revocation was issued was JANUARY 2 (Month & Day) (Year) 3. The name and address of its registered agent and its registered office, upon reinstatement will be: (Note 3) Registered Agent First Name Middle Name Last Name Registered Office 33 Number Street Suite # (A P. C. box alone is not acceptable) City ZIP Code County 4. This application is accompanied by all delinquent report forms together with the filing fees and penalties required. DO20321842 2612/0058 38 001 Page 1 of 2 2002—03—21 10=59=39 The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated (Month & Day) (Year) attested by (Signature of Secretary or Assistant Secretary) The undersigned corporation of Secretary or Assistant Secretary) PRINCETON HOUSE CONDOMINIUM ASSOCIATION (Signature of President)		and, if a foreign corp	poration naving	a certificate o	f authority under	an assumed corpo	rate name
2. The date that the certificate of dissolution or revocation was issued was JANUARY 2 (Month & Day) (Year) 3. The name and address of its registered agent and its registered office, upon reinstatement will be: (Note 3) Registered Agent First Name Middle Name Last Name Registered Office 33 Number Street Suite # (A P. C. box alone is not acceptable) City ZIP Code County 4. This application is accompanied by all delinquent report forms together with the filing fees and penalties required. DO20321842 2612/0058 38 001 Page 1 of 2 2002—03—21 10=59=39 The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated (Month & Day) (Year) attested by (Signature of Secretary or Assistant Secretary) The undersigned corporation of Secretary or Assistant Secretary) PRINCETON HOUSE CONDOMINIUM ASSOCIATION (Signature of President)		restriction, the assur	med corporate n	ame is			
2. The date that the certificate of dissolution or revocation was issued was \(\frac{January 2}{(Month & Day)} \), \(\frac{2002}{(Year)} \) 3. The name and address of its registered agent and its registered office, upon reinstatement will be: \((Note 3) \) Registered Agent Registered Office \[\text{Name} & \text{Middle Name} & \text{Last Name} \\ \text{Registered Month & This Name} & \text{Middle Name} & \text{Last Name} \\ \text{Number} & \text{Street} & \text{Suite # (A F.C. Dox alone is not acceptable)} \\ \text{COOK} & \text{COUNTY} \\ 4. This application is accompanied by all delinquent report forms together with the filing fees and penalties required. \[\text{OD2O321842} & \text{2002321842} & \text{20023321842} \\ \text{2002 200321842} & \text{2002 303-21 10:59:39} \\ \text{23.00} \\ \text{Cook County Recorder} \\ \text{23.00} \\ \text{cook County Recorder} \\ \text{23.00} \\ \text{23.00} \\ \text{DALACK INK.} \) Dated \(\frac{1}{2} \), \(\frac{2002}{2002} \), \(\frac{2002}{2002} \) \[\text{PRINCETON HOUSE CONDOMINIUM ASSOCIATION} \\ \text{Dispature of President or Vice President!} \\ \text{MIRZA YUSIF, PESIDENT} \\ \text{DESIDENT} \\ \text{DESIDENT} \\ \text{DISPATION FOR INSTERNATION} \\ DISPATION FOR INSTERNATION FOR INSTERNATI				0/			(Note 2)
3. The name and address of its registered agent and its registered office, upon reinstatement will be: (Note 3) Registered Agent Registered Office Name	2	The data that the ac-	rtificato of discol		-4:···		. ,
3. The name and address of its registered agent and its registered office, upon reinstatement will be: (Note 3) Registered Agent First Name Registered Office 33 Number CHICAGO City ZIP Code COK County 4. This application is accompanied by all delinquent report forms together with the filing fees and penalties required. D020321842 2002-03-21 10:59:35 The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated (Month & Day) (Year) attested by (Signature of Secretary or Assistant Secretary) (Signature of Prisident or Vice President) MIRZA YUSNE, PLESIDENT	۷.	The date that the cel	runcate of dissol	ution or revoc	ation was issued		
Registered Agent Registered Office Street Stre	3.	The name and addre	ess of its register	ed agent and	ts registered offi		
Registered Office Size W. MONROE SIPSET, 21ST FLOOR		(14016-3)					
Registered Office Number Street Suite # (A P.C. box alone is not acceptable)		Registered Agent			D.	PEARLSTE	IN
Number CHICAGO City ZIP Code County 4. This application is accompanied by all delinquent report forms together with the filing fees and penalties required. DO20321842 2612/0058 38 001 Page 1 of 2 2612/0058 38 001 Page 1 of 2 2002-03-21 10:59:39 23.00 The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated (Month & Day) (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President) MIRZA YUSUF, BLESIDENT		Pegistarad Office		М			t Name
CHICAGO City ZIP Code County 4. This application is accompanied by all delinquent report forms together with the filing fees and penalties required. ODZO321842 2612/0058 38 001 Page 1 of 2 2002-03-21 10:59:39 The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated (Month & Day) (Wear) attested by (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President) MIRZA YUSNE, PLESIDENT		Registered Office		Street			ocantable)
4. This application is accompanied by all delinquent report forms together with the filing fees and penalties required. OD20321842 2612/0058 38 081 Page 1 of 2 2002-03-21 10:59:39 The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated OD20321842 2602-03-21 10:59:39 23.00 PRINCETON HOUSE CONDOMINIUM ASSOCIATION (Month & Day) (Month & Day) (Year) attested by (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President) MIRZA YUSUF, Elesident			CHICAGO				iceptable)
The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated			City		ZIP Code	C	ounty
The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated	4.	This application is acpenalties required.	ccompanied by	all delinquent	report forms tog	gether with the filing	fees and
The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated		: .				<i>'</i> C	() () =
The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated				000 0 000 1 03		00203218	坪2
The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated							
each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK.) Dated							
Dated	each	of whom affirms, unde	oration has causer penalties of pe	sed this application	ation to be signed acts stated herei	Cook County Recordi by its duly authorize are true. (All signat	ed officers, ures must
(Month & Day) (Year) by (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)	be in	BLACK INK.)				` •	
(Month & Day) (Year) by (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)	Date	$_{\rm d}$ $=$ $2/1$		2002	PRINCETON HOU	SE CONDOMINIUM AGG	COCTATION
attested by	-		Day)	~			
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President) MIRZA YUSUF, PRESIDENT	attes	ted by		. ,		128 20 20 10 COLDON	}
		(Signature of Se	ecretary or Assista	nt Secretary)	(Signature	, , ,	resident)
(Type of the trade of the trade)		(Type of	r Print Name and	Title)		<u> </u>	tle)

NOTE

- Note 1:
- If the corporate name which the corporation had at the time of dissolution or revocation is not available for use at the time of reinstatement, the corporation shall set forth the new name by which it will hereafter be known. A change of corporate name must also be properly effected in accordance with the provisions of the General Not For Profit Corporation Act of 1986. For domestic corporations, Articles of Amendment must be filed, oursuant to Section 110.30. For foreign corporations, the name must be changed in the stale or country of incorporation by articles of amendment filed there, and an Application for Arhended Certificate of Authority, together with a certified copy of the amendment, must be filed pursuant to Section 113.40.
- Note 2:
- If a foreign corporation's true name was not available for use when the original certificate of authority was is swed and is still not available, the corporation had to adopt an assumed corporate name for use in Illinois. When reinstating, an Application For An Assumed Corporation Name, pursuant to Section 104.15, must accompany the reinstatement application.
- Note 3:
- If either or both the registered a sent or the registered office of the corporation has changed since the time of dissolution or revocation, the corporation shall properly report such a Juny Clarks change on form NP-105.10/105.20.

APPLICATION FOR REINSTATEMENT OF DOMESTIC OR FOREIGN CORPORATION FORM NFP-112.45/113.60

MUST FILE IN DUPLICATE

GENERAL NOT FOR PROFIT

CORPORATION ACT

Filing Fee \$25

RETURN TO:

Department of Business Services Secretary of State

Domestic: (217) 782-5797 Telephone Foreign: (217) 782-1837 Springfield, Illinols 62756

http://www.sos.state.il.us

C-219.5