For	BCA-12.45	APPLICATION FOR REINSTATEMENT DO RESTICE OBE ON CORPORATION	F/e # 1) 5817-094-8	
1 011	13.60	. Dones not observe the capiton		
(Re	v. August 2001)	BUSINESS CORPORATION ACT	Submit in Duplicate	
Jesse White		This space for use by Secretary of State	Date 2 19 00	
Secretary of State Department of Business Services Springfield, IL 62756 http://www.sos.state.il.us Domestic: (217) 782-5797 (217) 785-5782		FILED	Date 3-18-02	
			Filing Fee \$ 100.00	
		MAR 1 8 2002	(Note 1)	
Foreign: (217) 782-1837 See Note 1 for		JESSE WHITE	Approved: 10	
payment instructions		SECRETARY OF STATE	A	
<u> </u>	ayment motractions			
1.	(a) Corporate name as o	f the date of issuance of the certificate of dissol	ution or revocation:	
	<u> Midwest Antique</u>	es, Inc. 007	20338798	
			090.33 001 Page 1 of 2	
	(h) Cornerete name if sh		2-03-26 11:06:05 punty Recorder 23.50	
	(b) Corporate name if ch	arged (note 2): Cook Co	Busicy Recorder	
	Ox			
	(c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the			
	assumed corporate name (note 3):			
2.	State of incorporation:			
3.	Date that the cortificate of	Date that the certificate of dissolution or revocation was issued: \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
J.	Sate that the certificate of dissolution of revocation was issued. 4/11/1			
4.	Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: NOTICE! Completion of item #4 does not constitute a registered agent or office change. (note 4)			
	Registered Ager	nt <u>Sidney H. Axelrod</u>	•	
	ricgistered Ager	First Name Middle Name	Last Name	
	Danish and Offic	10 S InSallo Street Suite	900	
	Registered Office	19 S. LaSalle Street, Suite Number Street Suite #	(A P.C. 3 x 3lone is not acceptable)	
		Chicago, IL 60603	Ccck ·	
		City ZIP Code	County	
5.	This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required. <i>(note 1)</i>			
6.	The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. If there are no duly authorized officers, then the persons designated by Section 1.10(b) (2) must sign below and type or print name and title. (All signatures must be in BLACK INK .)			
	Dated March 13, 2002	2 Midwest Anti	iques, Inc.	
	(Month, Day & Year) (Exact Name of Corporation)			
	By Kerneth W-8 (Any Authorize	omanched Pre.		
	Kenneth W. Domar			
	(Print name and title)			

NOTES

- Note 1: All fees in connection with the reinstatement <u>must</u> be in the form of a certified check, cashier's check. Illinois attorney or CPA's check or money order made payable to the "Secretary of State". This includes all filing fees, franchise taxes, penalties and interest.
- Note 2: 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 Business Corporation Act of 1983. For domestic corporations, articles of amendment must be filed, pursuant to Section 10.30. For foreign corporations, if the name has been changed, an application for amended certificate of authority, (form BCA 13.40), together with a certified copy of the amendment, must be filed pursuant to Section 13.40:
- Note 3: If a foreign corporation's true name was not available for use when the original certificate of authority was issued, the corporation had to adopt an assumed corporate name for use in Illinois. When reinstating, an application for an assumed corporate name, pursuant to Section 4.15, must accompany the reinstatement application.
- Note 4: If either or both the registered agent or the registered office of the corporation has changed since the time of dissolution or revocation, the corporation shall properly report such a change on form BCA-5.10.

MAIL TO: SIDNEY H. AXELROD 19 S. LA SALLE ST. SUITE 802 CHICAGO, 16.60603