

Form **BCA-12.45/**  
**13.60**

APPLICATION FOR REINSTATEMENT  
of  
DOMESTIC OR FOREIGN CORPORATIONS

File # 6002-5096

(Rev. Jan. 1999)  
Jesse White  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
http://www.sos.state.il.us

This space for use by Secretary of State

**FILED**

JUN 24 2002

JESSE WHITE  
SECRETARY OF STATE

**SUBMIT IN DUPLICATE!**

This space for use by  
Secretary of State

Date 6-24-02  
Filing Fee \$ 100.00  
Approved: je

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."

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:  
Michael Reese Medical Center Corporation

(b) Corporate name as changed: \_\_\_\_\_ (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. State of incorporation: Delaware

3. Date that the certificate of dissolution or revocation was issued: 12/1/01

4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form.

	C T Corporation System		
Registered Agent	_____	_____	_____
	First Name	Middle Name	Last Name
Registered Office	208 South LaSalle Street		
	Number	Street	Suite # (A P.O. Box alone is not acceptable)
	Chicago,	IL 60604-1136	Cook
	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.

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. (All signatures must be in **BLACK INK**.)

Dated June 21, 2002 Michael Reese Medical Center Corporation  
(Month & Day) (Year) (Exact Name of Corporation)

attested by Susan Engelhard by Paul R Tuttle  
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

Susan Engelhard President  
(Type or Print Name and Title) (Type or Print Name and Title)

**BOX 170**

132-61

UNOFFICIAL COPY

Property of Cook County Clerk's Office

44 X08