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NFP-112.45/113.60

(Rev. Jan. 1999)

Secretary of State State of Illinois

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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**

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 corp	oration, as of the	e date of is	suance of the certif	icate of dissolution	or revocation,	
	is Sarchio	uy on E	Superio	r Condonin	ium associ	atton	
	00				FIL	ED.	
- -	and the name of the	corporation as o	changed is	same	JUL -	9 2002	
	and, if a foreign corp	oration having	a certificat	e of authority und	er an a sset/PARO	WHITE (Note 1) Por ste name	
	restriction, the assur	ned corporate re	ame is	0020847515		(Note 2)	
2.	The date that the cer	tificate of dissol	ution or re	vocation was issue	ed was March (Month & Da	<u>l</u> , <u>200/</u> (Year)	
3.	The name and address of its registered agent and its registered office, upon reinstatement will be: (Note 3)						
	Registered Agent	Michael		I.	<u> </u>	rown	
		First Name	<i>N.</i>	Middle Name Lincoln	9.	Last Name	
	Registered Office	<u> え</u> らら Number			P.C. box alone is no	ot acceptable)	
		Chicago			6570	Cook	
		City 0		ZIP Code	0,	County	
4.	This application is a	ccompanied by	all delinqu	uent report forms	together with the fi	ling fees and	
	penalties required. 0020847515						
					9790/0021 49 001 Pag		
					2002-08-02		
					Cook County Recorder	23.58	
				programa a de esta esta esta esta esta esta esta est	وملف بمرينان المرمان يرما المرمن	rized officers	
	The undersigned corp	poration has cau	sea this ap erium thet	pplication to be sign the facts stated her	rein are true. (All si	onatures must	

be in BLACK INK .)		
Dated June 20 , 2	4002	Sonctuary on Superior Condo Assoc.
(Month & Day)	(Year)	(Exact Name of Corporation) by Cone Novetny
attested by Stevenson (Signature of Secretary or Assistant Stevenson	Secretary)	(Signature of President or Vice President)
(Type or Print Name and Titl		(Type or Print Name and Title)

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Openin or County Clark's Office