

UNOFFICIAL COPY

Form **BCA-12.45/13.60**

APPLICATION FOR REINSTATEMENT
DOMESTIC/FOREIGN CORPORATION

File # D 5446-912-6



0020813203

Submit in Duplicate

Rev. Nov. 1999)
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
http://www.sos.state.il.us
Domestic: (217) 782-5797
(217) 785-5782
Foreign: (217) 782-1837

BUSINESS CORPORATION ACT

This space for use by Secretary of State

Date 6-13-02

FILED

Filing Fee \$ 100.00

(Note 1)

JUN 13 2002

Approved:

JESSE WHITE
SECRETARY OF STATE

See Note 1 for
payment instructions

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:
SCOTT FAMILY CHIROPRACTIC CLINIC, PC

0020813203

(b) Corporate name if changed (note 2):
8726/0019 15 005 Page 1 of 1
2002-07-25 11:11:39
Cook County Recorder 23.50

(c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name (note 3):

State of incorporation: ILLINOIS

3. Date that the certificate of dissolution or revocation was issued: 11-2-1998

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)

**COOK COUNTY
RECORDER**
UGENE "GENE" MOORE
ROLLING MEADOWS

Registered Agent DENNIS G. TAHENY
First Name Middle Name Last Name
Registered Office 19 WATERGATE
Number Street Suite # (A P.O. Box alone is not acceptable)
SOUTH BARRINGTON IL 60010
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. (note 1)

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**.)

SCOTT FAMILY CHIROPRACTIC CLINIC, PC

Dated JUNE 1, 2002
(Month, Day & Year)

(Exact Name of Corporation)

Attested by
(Secretary or Asst. Secretary)

by
(President or Vice President)

Arin Scott, Secretary
(Print name and title)

Robert Scott, President
(Print name and title)

Mail To:
Dennis G. Taheny Ltd.
19 Watergate
S. Barrington IL 60010

