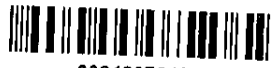


UNOFFICIAL COPY

Form **NFP-112.45/**
113.60
(Rev. Nov. 1999)

APPLICATION FOR REINSTATEMENT
DOMESTIC/FOREIGN CORPORATION
**GENERAL NOT FOR PROFIT
CORPORATION ACT**

File # 5071-007-6

Submit 0021227618

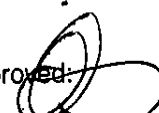
Jesse White
Secretary of State
Department of Business Services
Springfield, IL 62756
www.cyberdriveillinois.com
Telephone: (217) 782-6961

This space for use by Secretary of State

FILED

OCT 31 2002

JESSE WHITE
SECRETARY OF STATE

Date 10/31/02
Filing Fee \$ 25.00
(Note 1)
Approved: 

See Note 1 for
payment instructions

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:
NEW BEGINNINGS RECOVERY HOMES INCORPORATED
- (b) Corporate name if changed (Note 2): _____
- (c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name (Note 3):
0021227618

3003/0053 30 001 Page 1 of 1
2002-11-06 12:58:02
Cook County Recorder 26.50

2. State of Incorporation: Illinois
3. Date that the certificate of dissolution or revocation was issued: 7/1/98
4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement:
NOTICE! Completion of Article 4 does not constitute a registered agent or office change. (Note 4)

Registered Agent	<u>William R.</u>	<u>JAMISON-Bey</u>
	First Name Middle Name Last Name	
Registered Office	<u>3450 W. LAKE</u>	
	Number Street Suite # (A.P.O. box name is not acceptable)	
	<u>Chicago, ILLINOIS 60624</u>	<u>COOK COUNTY</u>
	City ZIP Code County	

5. This application is accompanied by all delinquent reports together with the filing fees 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 101.10(b)(2) must sign below and type or print name and title. (All signatures must be in BLACK INK.)

Dated Oct. 31, 02 (Month, Day & Year) New Beginnings Recovery Homes, Inc. (Exact Name of Corporation)

Attested by William Jamison Bey by _____ (Secretary or Assistant Secretary) (President or Vice President)

William Jamison Bey (Print name and title) _____ (Print name and title)
Chief Management Analyst

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