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Form **LLC-35.40/45.65**
January 1999

Illinois Limited Liability Company Act

APPLICATION FOR REINSTATEMENT
FOLLOWING ADMINISTRATIVE DISSOLUTION
OR REVOCATION

This space for use by
Secretary of State

Jesse White
Secretary of State
Department of Business Services
Limited Liability Company Division
Room 359, Howlett Building
Springfield, IL 62756
http://www.sos.state.il.us

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."

Submit in Duplicate
Must be typewritten

This space for use by Secretary of State

Date 4-15-03
Assigned File # 0031-715-2
Filing Fee 900 \$500
Approved: [Signature]

FILED

APR 15 2003

LIMITED LIABILITY CO. DIV.
JESSE WHITE
SECRETARY OF STATE

1. Limited Liability Company name as of the date of issuance of the notice of dissolution or revocation: _____

Rosalind Management Group, LLC

a) If applicable, the new name of the limited liability company and Form LLC 5.25 or LLC 45.25 must accompany this application:



2. State of Organization: Illinois

Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 04/17/2003 10:51 AM Pg: 1 of 1

3. Date the notice of dissolution or revocation was issued: January 28, 2003

4. File number assigned by the Secretary of State: 00317152

5. Federal Employer Identification Number (F.E.I.N.): 36-4307306

6. The registered agent's name and registered office address is:

Registered agent: Illinois Lawdock, Inc.

First Name Middle Initial Last Name

Registered Office: 500 West Madison Street, Suite 3700

(P.O. Box alone and Number Street Suite #

c/o are unacceptable) Chicago, IL 60661-2511 (Cook County)

City ZIP Code County

7. This application is accompanied by all amendments necessary to change or add or remove an existing provision, by all delinquent reports, information requirements and registrations due and therefore becoming due, together with all fees and penalties required.

8. The undersigned affirms, under penalties of perjury, having authority to sign hereto, that this application for reinstatement is to the best of my knowledge and belief, true, correct and complete.

Dated APRIL 14, 2003
(Month & Day) (Year)

(Signature)

David E. Williams, Member

(Type or print Name and Title)

Box 326

(If applicant is a company or other entity, state name of company and indicate whether it is a member or manager of the LLC.)