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Form BCA-12.45/

13.60

APPLICATION FOR REINSTATEMENT of DOMESTIC OR FOREIGN CORPORATIONS

File # D 4597-888-5

(Rev. Jan. 1999)

Jesse White Secretary of State Department of Business Services 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."

This seacetfor userby Secretary of State

MAY 15 2003

JESSE WHITE SECRETARY OF STATE SUBMIT IN DUPLICATE!

This space for use by Secretary of State

Date 5 - 15 - 03

Filing Fee

\$ 100.00

Approved *

		y of State."		Ар	proved
1.	(a)	Corporate name as of the c AUSTIN-LAMON INC.	date of issuance of the	e certificate of dissolution o	or revocation:
	(b)	Corporate name as change	ed:	Eugene "Gene" Moore F Cook County Recorder of Date: 07/08/2003 02:59 P	Deeds (Alata 4)
	(c)	If a foreign corporation havi assumed corporate name:		ority under an assumed cor	porate name restriction, the
)	(Note 2)
2.	Sta	State of incorporation:State of incorporation:			
3.	Dat	e that the certificate of dissolution or revocation was issued: April 1, 2003			
4.	3) N	me and address of the Illinois NOTICE! Completion of item ok of this form. Registered Agent	registered agent and t #4 does not constitute Joe1 First Name	the Illinois regist red office, a registered agent or office. J. Middle Name	upon reinstatement: (Note ce change. See note #3 on Bellows Last Name
	Registered Office	79 West Monroe, 800 Number Street, Suite # (A P.O. boy alone is not acceptable)			
			Chicago,	60603	Cook
			City	ZIP Code	County
5.	Thi lice	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 4/29/2co 3 AUSTIN-LAMON INC. (Month & Day) (Year) (Exact Name of Corporation) attested by (Signature of Secretary or Assistant Secretary) by (Signature of President or Vice President)				
		Kathleen M. De		William L. De Nic	
		(Type or Print N	ame and Title)	(Type or Print N	ame and mue)