

# UNOFFICIAL COPY

FORM **BCA 12.45/13.60** (rev. Dec. 2003)

**APPLICATION FOR REINSTATEMENT  
DOMESTIC/FOREIGN CORPORATIONS**

Business Corporation Act

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Foreign (217) 782-1837  
Domestic (217) 785-5782  
Domestic (217) 782-5797  
www.cyberdriveillinois.com

**FILED**

**JUN 11 2004**

**JESSE WHITE  
SECRETARY OF STATE**



Doc#: **0420235086**  
Eugene "Gene" Moore Fee: \$26.00  
Cook County Recorder of Deeds  
Date: 07/20/2004 09:45 AM Pg: 1 of 1

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to the Secretary of State.

File # 5971-020-6 Filing Fee: \$200.00 Approved: KK

Submit in duplicate Type or Print clearly in black ink Do not write above this line

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:  
Yellow Cab Management Inc.
- (b) Corporate name if changed (note 2): \_\_\_\_\_
- (c) If a foreign corporation having authority under an assumed corporate name restriction, the assumed corporate name (note 3): \_\_\_\_\_

2. State of incorporation: Delaware

3. Date that the certificate of dissolution or revocation was issued: 5-1-03

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)

Registered Agent National Registered Agents Inc.  
First Name Middle Name Last Name

Registered Office 200 West Adams Street, Suite 2007  
Number Street Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)  
Chicago, IL 60606 Cook  
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 application to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK**.)

Dated 6-10-2004 Yellow Cab Management Inc.  
(Month, Day & Year) (Exact Name of Corporation)

By Susan M. Clark  
(Any Authorized Officer's Signature)

Susan m. Clark, Asst. Sec.  
(Print name and title)

Return To: Premier Corporate Services  
200 West Adams, Ste 2007  
Chicago, IL 60606