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FORM **BCA 12.45/13.60** (rev. Dec. 2003)
**APPLICATION FOR REINSTATEMENT
DOMESTIC/FOREIGN CORPORATIONS**
Business Corporation Act

Doc#: **0426627044**
Eugene "Gene" Moore Fee: \$26.00
Cook County Recorder of Deeds
Date: 09/22/2004 11:42 AM Pg: 1 of 1

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
SEP 14 2004
JESSE WHITE
SECRETARY OF STATE

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 # 80910545 Filing Fee: \$200.00 Approved: de
Submit in duplicate _____ Type or Print clearly in black ink _____ Do not write above this line _____

- (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:
EXPRESS PRO, INC.
- (b) Corporate name as 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: ILLINOIS

3. Date that the certificate of dissolution or revocation was issued: AUGUST 2, 2004

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	<u>ALLAN</u>		<u>SCHNEPPER</u>
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Registered Office	<u>6202 MADISON COURT</u>		
	<i>Number</i>	<i>Street</i>	<i>Suite # (A P.O. BOX ALONE IS NOT ACCEPTABLE)</i>
	<u>MORTON GROVE</u>	<u>IL</u>	<u>60053</u>
	<i>City</i>	<i>ZIP Code</i>	<i>County</i>

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: 9.2.04
(Month, Day & Year)
[Signature]
(Any Authorized Officer's Signature)
ALLAN SCHNEPPER, PRESIDENT
(Print name and title)

Express Pro, Inc
(Exact Name of Corporation)

