UNOFFICIAL COPY



Doc#: 0503144020 Eugene "Gene" Moore Fee: \$26.00

Cook County Recorder of Deeds

Date: 01/31/2005 12:00 PM Pg: 1 of 1

FORM NFP 112.45/113.60 (rev. Dec. 2003)
APPLICATION FOR REINSTATEMENT
DOMESTIC/FOREIGN CORPORATIONS

General Not for Profit Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756

FILED

Telephone (217) 782-5797 (217) 785-5782 http://www.cyberdriveillinois.com

JAN 07 2005

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.

paya	able to the Secretary of Sta	te.					
ו טכ	NOT SEND CASH!	F	ile # 516 486	84	Filing Fee: \$25.00	Approved: 10	
	Subinic'a du		—Type or Print clearly in b		Do not write above this line		
1.	(a) Corporate names as of the date of issuance of the certificate of dissolution or revocation:						
	Northbrook Court Office Plaza Association						
	(b) Corporate name if changed (Note 2):						
	(c) If a foreign corporation having authority to conduct affairs under an assumed corporate name restriction, the assumed corporate name (Note 3):						
2.	State of Incorporation	State of Incorporation: Illinois					
3.	Date that the certific	Date that the certificate of dissolution or revocation was issued: June 1, 2004					
4.	Name and address of the Illinois registered agent and the lilinois registered office, upon reinstatement: NOTICE! Completion of Article 4 does not constitute a registered agent or office change. (Note 4)						
	Registered Agent	Kimberly			Shar		
	Registered Office	First Name 10 S. Wack		iddle Name	Last N	ame	
	Registered Office	Number	Street	,	box alone is not acce		
		Chicago City	_	0606 ZIP Code	Cook		
5.	This application is ac (Note 1)	companied by	all delinquent repo	rts together with	the filing fees and p	enalties required.	
6.	The undersigned cor under penalties of p	poration has ca erjury, that the	aused this applicatio facts stated herein	nto be signed by are true. (All sig	a duly authorized off gnatures must be in	ficer, who affirms, BLACK INK.)	
Do	براتا الم	_		Northbi	ook Court Office P	laza Association	
		(Month, Day & Year) authorized officer's sign Katz, Preside	nature) ent		(Exact Name of Corpor	ration)	
		(Print name and title)					

C-219.9