•FORM 0 0 0 000000000000000000000000000000		COPY	
. 000000000000000000000000000000000000	Doc#: 0506245082 Eugene "Gene" Moore Fee: \$26.50		
Jesse White, Secretary of State Department of Business Services	Cook County Recorder of Deeds Date: 03/03/2005 10:52 AM Pg: 1 of	2 FEB 2 3 2005	
Springfield, IL 62756 217-782-1837 (Foreign) 217-785-5782 or 217-782-5797 (Domestic)	FILED	DEPARTMENT OF BUSINESS SERVICES	
www.cyberdriveillinois.com Remit payment in the form of a cashier's	FEB 1 8 2005		
check, certified check, money order or an Illinois attorney's or CPA's check, payable to Secretary of State.	JESSE WHITE SECRETARY OF STATE	bho-	
File	TI 040 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ling Fee: \$200 Approved:	
	Type or Print clearly in black ink		
1. (a) Corporate name as of date of	issuance of Certificate of Diss	olution or Revocation:	
12			
(b) Corporate name if changed (n	ote 2):		1
(c) If a foreign corporation having corporate name (note 3):	g authority under an assumed	corporate name restriction, the assumed	
2. State of incorporation:IL			
Date Certificate of Dissolution or F	Revocation issued:Jar.u		ı
Date Certificate of Dissolution or F	tour descent and the Illin	ais registered office, upon reinstatement:	
 Date Certificate of Dissolution or F Name and address of the Illinois NOTICE! Completion of item #4 de 	registered agent and the Illir oes not constitute a registered	agent or office change (note 4).	
 Date Certificate of Dissolution or F Name and address of the Illinois NOTICE! Completion of item #4 de 	registered agent and the Illinoes not constitute a registered Robert All First Name Mid	en Townsend Last Name	i University
 Date Certificate of Dissolution or F Name and address of the Illinois NOTICE! Completion of item #4 de Registered Agent 	registered agent and the Illir oes not constitute a registered Robert All First Name Mid	en Townsend dle Name Last Name eet, Suite 1207 Suite # (P.O. BOX ALONE'S NOT ACCEPTABLE) 60602 Cook	i Oh
3. Date Certificate of Dissolution or Fe 4. Name and address of the Illinois NOTICE! Completion of item #4 de Registered Agent Registered Office ———————————————————————————————————	registered agent and the Illir oes not constitute a registered Robert All First Name Mid 120 West Madison Str Number Street Street Chicago, IL	en Townsend dle Name Last Name eet, Suite 1100 Suite # (P.O. BOX ALON: & IS NOT ACCEPTABLE.) 60602 Cook ZIP Code County	i Oh
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3. Date Certificate of Dissolution or Feature 1. 4. Name and address of the Illinois NOTICE! Completion of item #4 de Registered Agent Registered Office 5. This application is accompanied belicense fee and penalties required.	registered agent and the Illir oes not constitute a registered Robert All First Name Mid 120 West Madison Str Number Street Street Chicago, IL City by all delinquent report forms to d (note 1). caused this application to be size facts stated herein are true.	All signatures must be in \(\text{D} \) reinstatement: \[\text{Agent or office change (note 4).} \] \[\text{en Townsend} \] \[\text{Last Name} \] \[\text{Last Name} \] \[\text{Cuite # (P.O. BOX ALON & IS NOT ACCEPTABLE.)} \] \[\text{Cook} \] \[\text{Cook} \] \[\text{County} \] \[\text{ogether with the filing fees, franchise taxes} \] \[\text{All signatures must be in } \ \text{D} \	; oh =
3. Date Certificate of Dissolution or Feature 1. 4. Name and address of the Illinois NOTICE! Completion of item #4 de Registered Agent Registered Office 5. This application is accompanied belicense fee and penalties required.	registered agent and the Illir oes not constitute a registered Robert All First Name Mid 120 West Madison Str Number Street Stre	en Townsend dle Name Last Name eet, Suite 1100 Suite # (P.O. BOX ALONE'S NOT ACCEPTABLE) Cook ZIP Code County ogether with the filing fees, franchise taxes	; oh -

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- Note 1: All fees in connection with the reinstatement <u>must</u> be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order, payable to Secretary of State. This includes all filing fees, franchise taxes, penalties and interest.
- Note 2: If the corporate name the corporation had at the time of dissolution or revocation is not available for use at the time of reinstatement, the corporation shall set forth the new name by which it will hereafter be known. A change of corporate name also must be properly effected in accordance with the provisions of the Business Corporation Act of 1983. For domestic corporations, Articles of Amendment must be filed, pursuant to Section 10.30. For foreign corporations, if the name has been changed, an Application for Amended Authority (form BCA 13.40), together with a certified copy of the amendment, must be filed pursuant to Section 13.40.
- Note 3: If a roleign corporation's true name was not available for use when the original application for authority was issued, the corporation had to adopt an assumed corporate name, pursuant to Section 4.15, must accompany the reinstatement application.
- Note 4: If either or both the registered agent or the registered office of the corporation has changed since the time of dissolution or revocation, the corporation shall properly report such a change on form BCA-5.10.