FORM BCA 12.45/13.60 (rev. Dec. 2603) FFICIAL COPY APPLICATION FOR REINSTATEMENT OF THE PROPERTY OF THE PROPE

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

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

FILED

MAR 0 7 2005

JESSE WHITE SECRETARY OF STATE



Doc#: 0510449001

Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 04/14/2005 07:08 AM Pg: 1 of 1

							_	
			File#	19-985-	_i7(Filing Fee:	\$200.00 Approved:	1 2 72	
	(-)		Type or Print	clearly in black ink _	D	o per write above this like		_
1.	(a)	Corporate name as of the	ie date of issuance of	f the certifica	ite of dissolutio	on or revocation	ı :	
		MLJAFA, INC			77			
	(1-1)	Corporate name if charged (note 2):						
	(b)							
			Ox					-
	(c) If a foreign corporation having authority under an assumed corporate name restriction, the							d
		corporate name (note 3):	0				n, the assume	J
			0/					_
_	_							_
2.	Sta	te of incorporation: Illin	ois)				_
3.	Dat	e that the cortificate of dis	scalution or revention	0,	J. Tunn 1 0	201		-
J.	Dat	ate that the certificate of dissolution or revocation was issued: June 1, 2001						
4.	Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement:							
	NO	TICE! Completion of item	#4 does not constitu	te a registere	ed agent or off	ice change <i>. (nc</i>	ite 4)	/
		Registered Agent	Mike Lorenzo		(,)		/	•
		registered Agent	First Name		Middle Name		Last Name	_
			•		Wild die Color	·	Lastivame	/
		Registered Office	14459 S. LaGrand	ge Road	1		/	•
			Number S	treet	Suite #	A P.C. COX ALONE IS	NOT ACCEPTABLE)	-
			0.1 1			U _x	,	/
			Orland Park City	<u> </u>	60462-25 ZIP Code	05 Crok	-	_
<u>.</u>	This	s application is accompar		roport forms		Ala a Cilina de la de	County	-
,	licer	nse fee and penalties requ	ired. (note 1)	report forms	together with	the thing tees	ranchise taxes	7
3.	The	undersigned corporation	has caused this and	nlication to I	he signed by	a duly authoriz	ed officer who	-
	атпп	ms, under penaities of pe	rjury, that the facts s	stated herein	ı are true. (All	signatures mus	st be in BLACK	
	INK.	<u>.)</u>			`	5		•
	Date	$\frac{1}{2}$	4					
	(Month, Day & Year) MLJAFA, INC. (Exact Name of Corporation)							_
		111		(Exact N	rame or corpora	auon)		
	Ву_	1/1/20	1cm)					
		(Any Authorized Office	er's Signature)					
	/						*	
		M'; CLAG/ COR (Print name and to	ENZO -SEC				1	
		ti mik name and ti	(UC)				1	