

# UNOFFICIAL COPY

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

**APPLICATION FOR REINSTATEMENT  
DOMESTIC/FOREIGN CORPORATIONS  
BUSINESS CORPORATION ACT**



Doc#: **0532027002** Fee: **\$26.50**  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 11/16/2005 09:27 AM Pg: 1 of 1

**FILED**

**OCT 12 2005**

**JESSE WHITE  
SECRETARY OF STATE**

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

File # 5860-488-7 Filing Fee: \$200 Approved:

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

- Corporate name as of date of issuance of Certificate of Dissolution or Revocation:  
Association Concepts, Inc.
  - Corporate name if changed (note 2): \_\_\_\_\_
  - 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 Certificate of Dissolution or Revocation issued: 04/01/2003

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>BEVERLY</u> First Name	<u>Z</u> Middle Name	<u>LERMAN</u> Last Name
Registered Office	<u>315 New Salem</u> Number	<u>Park Forest</u> Street	<u>IL 60466</u> Suite # (P.O. BOX ALONE IS NOT ACCEPTABLE.)
	<u>Park Forest</u> City	<u>IL 60466</u> ZIP Code	<u>Cook</u> 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 09/29/2005 Association Concepts  
(Month, Day & Year) (Exact Name of Corporation)

By Beverly Z. Lerman  
(Any Authorized Officer's Signature)  
Beverly Z. Lerman  
(Print name and title)

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M 8/10