FORM NFP 112.45/113.60 rev led 003 FFICIAL COP

APPLICATION FOR REINSTATEMENT DOMESTIC/FOREIGN CORPORATIONS

General Not for Profit Corporation Act

Jesse White, Secretary of State Department of Business Services Springfield, IL 62756 217-782-5797 217-785-5782

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ELED

DEC ~ 8 2005

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check, CRETARY OF STATE payable to Secretary of State.

DO NOT SEND CASH.

Doc#: 0535032031 Fee: \$26.50 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 12/16/2005 11:25 AM Pg: 1 of 1
Filing Fee: \$25 Approved: 100.  —Do not write above this line————————————————————————————————————
n assumed corporate name restriction,
Tuddamod dorporato mamo y series

-Type or Print clearly in black ink--Submit in duplicate -(a) Corporate Name as of date of issuance of Certificate of Dissolution International Academy of Sex Research (b) Corporate Name if changed (See Note 2 on back.): (c) If a foreign corporation having authority to conduct affairs under an the Assumed Corporate Name (See Note 3 on back.): State of Incorporation: Illinois 2. Date Certificate of Dissolution or Revocation was issued February 1, 2005 3. Name and Address of Illinois Registered Agent and litinois Registered Office upon reinstatement: 4. Joseph Registered Agent Burton Last Name Middle Name First Name Svite #2119 221 North LaSalle St., Registered Office Suitch (P.O. Box alone is unacceptable.) Number Cook 60601 Chicago County ZIP Code City NOTE: completion of Article 4 does not constitute a registered agent or office change. (See Note 4 on back.) This application is accompanied by all delinquent reports together with the filing fees and penalties required. 5

This application is accompanied by all delinquent reports together with the filing fees and penalties required. (See Note 1 on back.)

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 SLACK INK.

Dated

Modify, Day, Year

CA / Ly / LW A

Any Authorized Officer's Signature

Lucia O'Sullivan, Secretary/Treasurer

Name and Title (type or print)

International Academy of Sex Research

Exact Name of Corporation