UNOFFICIAL COPY

FORM **BCA 12.45/13.6** (rev. Dec. 2003) **APPLICATION FOR REINSTATEMENT DOMESTIC/FOREIGN CORPORATIONS Business Corporation Act**

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, Illinois attorney's check payable to Secretary of State.

FILED

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JESSE WHITE **MECRETARY OF STAT**



Doc#: 0621934080 Fee: \$26.00

Cook County Recorder of Deeds

Date: 08/07/2006 12:11 PM Pg: 1 of 1

Se	e notes on back		611	95-4/6	~/.		/ 11	_
	Submit i	n dundeste		clearly in black ink				
1.	a. Corporate Nam Tokin America		issuance of Certif	icate of Dissolution	or Revo	ocation:		
	b. Corporate Nam	ne if changed: (S	See Note 2.)					
	c. If a foreign corp (See Note 3.) _	poration having a	authority under an	assumed corporate	name r	estriction, the As	sumed Corpora	ate Name
2.	State of Incorpora	ution: California		-04/DX	,			
3.	Date Certificate of Dissolution or Revocation issued: Revoked 7-1-90							
	Name and Address of Illinois Registered Agent and the Illinois Registered Office upon reinstatement: NOTICE: Completion of Item 4 does not constitute a registered agent or office change. (See Note 4.)							
	Registered Agent	CT Corporation	System			<i>T</i> 6		
	Registered Office	208 South LaS	First Name alle Street	Middle Na	ame) ast Na	me	
	· · · · · · · · · · · · · · · · · · ·	Number	Number Street		Suite # (P.O. Box alone is unrune table)			
	,		Chicago	<u> </u>	604 Code		County	
5.	This application is fee and penalties	accompanied brequired. (See I	y all delinquent re	eport forms together		Count e filing fees, frar	C	cense
3 .	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 and correct. (All signatures must be in BLACK INK.)							
	Dated June 24 2006 NE			ಿ 🕻 NEC Tokin A	EC Tokin America, Inc.			
		Months Day by Authorized Office chi, President &	r's Signature	er —	Đ	cact Name of Corpor	ation	
		Name and Title (typ	pe or print)	MAIL	C-			e Proprieda
		Printed b	y authority of the Stat	o Illindio February 200	D6 — 25M	I — C 89.23	11/18 4 port 18	¥
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