

# UNOFFICIAL COPY

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



Doc#: **0626255041** Fee: \$26.50  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 09/19/2006 09:51 AM Pg: 1 of 1

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

## FILED

JUL 26 2006

JESSE WHITE  
SECRETARY OF STATE

Remit payment in the form of a cashier's check, certified check, money order, Illinois attorney's check payable to Secretary of State.

See notes on back.

File # D-6303-0589 Filing Fee: \$200 Approved: MAJ

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

1. a. Corporate Name as of date of issuance of Certificate of Dissolution or Revocation: Allegretti's Pizza + Pasta of Arlington Heights, INC <sup>MAJ</sup>
- b. Corporate Name if changed: (See Note 2.) \_\_\_\_\_
- c. If a foreign corporation having authority under an assumed corporate name restriction, the Assumed Corporate Name (See Note 3.) \_\_\_\_\_

2. State of Incorporation: Illinois
3. Date Certificate of Dissolution or Revocation issued: 01/03/04
4. 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 Michael Allegretti  
First Name Middle Name Last Name
- Registered Office 9313 Callero Drive  
Number Street Suite # (P.O. Box alone is unacceptable)
- Niles IL 60174 Cook  
City ZIP Code County

5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required. (See 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 and correct. (All signatures must be in **BLACK INK.**)

Dated X 7/6/06 Year \_\_\_\_\_  
Month & Day

X M Allegretti  
Any Authorized Officer's Signature

Michael Allegretti, President  
Name and Title (type or print)

Allegretti's Pizza + Pasta of Arlington Heights, INC.  
Exact Name of Corporation

SV My PI KY.