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

Doc#: 0626255041 Fee: \$26.50 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 09/19/2006 09:51 AM Pg: 1 of 1

JUL 2 6 2006

FILED

JESSE WHITE SECRETARY OF STATE

3. Date Certificate of Dissolution or Revocation issued: OI D3 D4 4. Name and Address of Illinois Registered Agent and the Illinois Registered Office open reinstatement: NOTICE: Completion of Item 4 does not constitute a registered agent or office change. (See Note 4.) Registered Agent Registered Agent OI D3 D4 Registered Agent First Name Middle Name Oist N. me Registered Office Suite # (P.O. Box alone is unacceptable) Ni Les City City City City City Code County 5. This application is accompanied by all delinquent report forms together with the filling 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 Any Authorized Officer's Signature Pear Pasta of Holington Heights INC	S	ecretary of State.
1. a. Corporate Name as of date of issuance of Certificate of Dissolution or Revocation: Alegrett's Pizza (Pasta of Arlington Heights, INC 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: I I I I I I I I I I I I I I I I I I I	S	ee notes on back.
1. a. Corporate Name as of date of issuance of Certificate of Dissolution or Revocation: ### 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.) State of Incorporation:		File # D - 6303 - 0589 Filing Fee: \$200 Approved:
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:		Submit in o' plicate Type or Print clearly in black ink Do not write above this line
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:		· A
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A. 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 Registered Office 9313 Calero Drive Suite # (P.O. Box alone is unacceptable) Number Street Suite # (P.O. Box alone is unacceptable) Liphan City City City City City This application is accompanied by all delinquent report forms together with the filling fees, franchise taxes, license fee and penalties required. (See Note 1.) 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 Any Authorized Officer's Signature		
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Registered Agent Charles	3.	Date Certificate of Dissolution or Revocation issued: OI 03 00
Registered Agent Registered Office 1313 Calero Drice	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 Office Number Street Suite # (P.O. Box alone is unacceptable)		Registered Agent Michael Hilearsti
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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 Mohth & Day Year Heights INC		Number Street Suite # (P.O. Box alone is unaccentable)
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Dated X 7/6/06 North & Day Year Year Any Authorized Officer's Signature Any Authorized Officer's Signature Any Authorized Officer's Signature And Correct. (All signatures must be in BLACK INK.) Figure 1. Signatures must be in BLACK INK.) Heights, INC.		
Dated X 7/6/06 Year Heights, INC Any Authorized Officer's Signature Any Authorized		penalties of perjury, that the facts stated herein are true and correct. (All signatures must be in BLACK INK.)
Any Authorized Officer's Signature Heights, INC.		$\mathbf{p}_{start} \times \mathbf{q}_{start} / \mathbf{q}_{start} = \mathbf{q}_{start} + \mathbf{q}_{st$
		K M (1000 A)
Michael Hilegretti President		Alternation of the state of the

Printed by authority of the State of Illinois. February 2006 - 25M - C 89.23