

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#: 0630039031 Fee: \$26.50

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 10/27/2006 10:27 AM Pg: 1 of 1

FILED

OCT 17 2006

JESSE WHITE SECRETARY OF STATE

check, certified check, mone Illinois attorney's check paya	y order, ible to		SECRET	ARY OF STATE			
Secretary of State.							, b c
See notes on back.) _A	_ File #5	543	3348_ ,		\$200 Approve	
Cubmit in du	nlica &	- Type or Prin	t clearly in	black ink	Do not wr	ite above this	line ———
Subnat at du	Pilonia						
a. Corporate Name a		e of Cer	tificate of	Dissolution or Revo	cation:		
1. a. Corporate Name a	s of date of is	Silance di Goi	(III Gaile -	_			
ARC Communicati	ons, Inc.	J					
b. Corporate Name i	changed: (Se	e Note 2.)					
			0				
c. If a foreign corpora			T	1 aroto name	restriction.	the Assumed	Corporate Name
c If a foreign corpora	ation having a	uthority under	an assume	ec corporate name i			
(See Note 3.)				0,			
				- 4 5			
	:-						
2. State of Incorporation	n:						
<u></u>	olution or l	Revocation iss	ued:	1/2006	/		
State of incorporation Date Certificate of E)ISSOIUIIOIT OF 1	10,000		Demistered Of	fire scon	reinstatement	:
Date Certificate of L Name and Address NOTICE: Completic	of Illinois Reg	istered Agent	and the III	inois Registered Or stered agent or offic	ce charge	(See Note 4.)
NOTICE: Completion	on of Item 4 do	, • • • • • • • • • • • • • • • • • • •	ute a regi	Alan	1	Elau	
Registered Agent _		Leslie		Middle Name		Lr.st Name	
Hegistered Agent =		First Name Madison	Avenue			/%.	
Registered Office	484	Street	7110111			x alone is unsuce	ptable)
2	Number	Glencoe		IL 60022-1		Cook	9
		City		ZIP Code		County	
		,		forms together with	the filing	fees, franchise	e taxes, license
application is	accompanied	by all delinque	ent report	IOIIIIS logeliioi IIIII			
fee and penalties i	equirea. (See	NOIC 1.7			وطافر ما الما	orized officer V	vho affirms, under
6 The undersigned (orporation ha	s caused this	application	n to be signed by a	natures n	nust be in BLA	CK INK.)
penalties of perjur	y, that the fact	s stated herei		n to be signed by a and correct. (All sig ARC Communica	tions Inc.		
Sente	Apber 36th		2006	ARC Communica		ne of Corporation	
Dated /	Month & Day		Year				
N sin	1000	2/					
1 . /	' - 1 -	cer's Signature					
rro	5) dem	(type or print)					
	Name and Title	Tabe or burns			25M — C 8	39.23	