UNOFFICIAL COPY

FORM NFP 112.45/113.60 (rev. Dec. 2003) APPLICATION FOR REINSTATEMENT

DOMESTIC/FOREIGN CORPORATIONS

General Not for Profit Corporation Act

Jesse White, Secretary of State Department of Business Services 501 S. Second St., Rm. 350 Springfield, IL 62756 217-782-5797 217-785-5782 www.cyberdriveillinois.com

Remit payment in the form of a cashier's check,



Doc#: 0714944068 Fee: \$26.00 Eugene "Gene" Moore

Cook County Recorder of Deeds

Date: 05/29/2007 02:41 PM Pg: 1 of 1

FILED

MAY 1 5 2007

+ifi	t payment in the form of a cled check, money order or	an minos	AFADETARY OF STATE		
attorr	ney's or CPA's chack payal rate. DO NOT SEND CASH	=		\wp	
UI OIC	Sile. Do No.	Eilo#	3859-315-3	Filing Fee: \$25 Approved:	
		File #Type or	Print clearly in black ink	-Do not write above this line	
	Submit II du	plicale = = = Type of	Cartificate of Dissolutio	on or Revocation:	
1.	(a) Corporate Name as of date of issuance of Certificate of Dissolution or Revocation:			1	
	n Commention			N	
	(b) Corporate Name if changed (See Note 2 on back.): (c) If a foreign corporation having authority to conduct affairs under an assumed corporate name restriction, and have (See Note 3 on back.):				
	(c) If a foreign corpo	ration having authority rporate Name (See N	/ to conduct affairs under ar ote 3 on back.):	n assumed corporate name restriction,	
		,	T		
2.	State of Incorporation: Illinois Date Certificate of Dissolution or Revocation was issued. A Joust 1, 2006				
3.					
4.	Name and Address of Illinois Registered Agent and Illinois Registered Office upon reinstatement.				
	Registered Agent	Stephen	L.	Ruff, Jr. Last Name	
		First Name	Middle Name La Salle	700	
	Registered Office	222 N. Number	Street	Suite # (P.C. Box alone is unacceptable.)	
	•	Chicago	60601	Cook	
			ZIP Code	County (Core Note 4 on back)	
	NOTE: completion	of Article 4 does not co	onstitute a registered agent	or office change. (See Note 4 on back.)	
_	NOTE: completion		l'annert reports together Wi	th 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 bac	;K.)		the state of the s	
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.			
	The undersigned co	// pordirection	The second or of the control of the		
0.	The undersigned counder penalties of	perjury, that the lacts	Stated Horom San		
0.	The undersigned counder penalties of	perjury, that the lacts	stated herein are true. tures must be in BLACK I		
O.	under penalties of t	perjury, that the lacts of All signat	tures must be in BLACK I	NK.	
	under penalties of	All signat	tures must be in BLACK I	NK. ley Park Lions Pool Corporation	
	under penalties of t	perjury, that the lacts of All signat	tures must be in BLACK I	NK.	
	atedNo	ovember 30, 2006 Month, Day, Year	tures must be in BLACK I	NK. ley Park Lions Pool Corporation	
	atedNo	All signat ovember 30, 2006 Month, Day, Year Authorized Officery Signature	tures must be in BLACK I	NK. ley Park Lions Pool Corporation	

Printed by authority of the State of Illinois. August 2006 — 5M — C-219.11