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
Springfield, IL 62756
217-782-5797
217-785-5782
www.cyberdriveillinois.com

Remit payment in the form of a cashier's
check, certified check, money order
or an Illinois attorney's or CPA's check
payable to Secretary of State.
DO NOT SEND CASH

FILED

MAY 2 1 2007

JESSE WHITE
SECRETARY OF STATE

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Doc#: 0721950068 Fee: $26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 08/07/2007 12:16 PM Pg: 1 of 1

File # 628853115   Filing Fee: $25   Approved: KK

——— 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:

    Harlem Pointe Condominium

   (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, the Assumed Corporate Name (See Note 3 on back.):

    _____

2. State of Incorporation: **Illinois**

3. Date Certificate of Dissolution or Revocation was issued: **9-01-06**

4. Name and Address of Illinois Registered Agent and Illinois Registered Office upon reinstatement:

   Registered Agent **Cullen** | **J** | **Davis**
   First Name | Middle Name | Last Name

   Registered Office **6160** | **N. Cicero Ave** | **Suite 620**
   Number | Street | Suite # (P.O. Box alone is unacceptable.)

   Chicago | **IL** | **60646**
   City | ZIP Code | County

   NOTE: completion of Article 4 does not constitute a registered agent or office change. (See Note 4 on back.)

5. This application is accompanied by all delinquent reports together with the filing fees and penalties required. (See Note 1 on back.)

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.

   All signatures must be in BLACK INK.

Dated **3-26-2007** _____
Month, Day, Year | Exact Name of Corporation

Signature _____
Any Authorized Officer's Signature   *president*

Name and Title (type or print)