

UNOFFICIAL COPY



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

Doc#: 0729034093 Fee: \$26.50
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/17/2007 01:22 PM 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

OCT 04 2007

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 # 5202-592-3 Filing Fee: \$200 Approved: MU

----- 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:

Podhalanka 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: Illinois

3. Date Certificate of Dissolution or Revocation issued: Sept. 14, 2007

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 Aida Luz Lebron
First Name Middle Name Last Name
Registered Office 5133 S. St. Louis Chicago IL 60632 COOK
Number Street City ZIP Code County
Suite # (P.O. Box alone is unacceptable)

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 Sept. 28, 20 2007 Podhalanka, Inc.
Month & Day Year Exact Name of Corporation

Aida Lebron
Any Authorized Officer's Signature

Aida Lebron - President
Name and Title (type or print)