

UNOFFICIAL COPY

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

FILED

AUG 28 2007

JESSE WHITE
SECRETARY OF STATE

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



Doc#: **0730346013** Fee: **\$26.50**
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/30/2007 12:53 PM Pg: 1 of 1

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 # 10120-383-4 Filing Fee: \$200 Approved: RMK

----- 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:
Dr Cheryl Scallon P.C.
- 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: 01/02/2002

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	<u>Jacqueline</u>	<u>A</u>	<u>Wagner</u>
	First Name	Middle Name	Last Name
Registered Office	<u>14059</u>	<u>Cristina</u>	
	Number	Street	Suite # (P.O. Box alone is unacceptable)
	<u>Orland Park</u>	<u>IL</u>	<u>60462</u>
	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 August 17, 2007 Dr Cheryl Scallon PC
Month & Day Year Exact Name of Corporation

Cheryl Scallon
Any Authorized Officer's Signature

CHERYL SCALLON OWNER/PRESIDENT
Name and Title (type or print)