UNOFFICIAL COPY

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 Secretary of State.



Doc#: 0807445127 Fee: \$38.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 03/14/2008 03:07 PM Pg: 1 of 1

JESSE WHITE SECRETARY OF STATE

AUG 1 7 2007

FILED

See	notes on back.				•
	-		File # 544	7-697-3 =	ling Fee: \$200 Approved:
	Submit ir	n dupiicate -	Type or Print clearly	in black ink D	o not write above this line
			2		a not write above this line =====
1. a	a. Corporate Nam Frank's Glass S	e as of date ervice Inc	of issuance of Certificate o	f Dissolution or Revoc	ation:
b	. Corporate Nam	****	ti (San New a)		
~		e ii changed	. (See Note 2.)		
C.	. If a foreign corpo	oration havir	ag authority under an a		
	(See Note 3.)		g authority under an assum	ea corporate name res	triction, the Assumed Corporate Nar
				0,	
2. St	tate of Incorporati	ion: Illinois		77%	
			or Revocation issued: May	1. 2004	
	Name and Address of Illinois Regis NOTICE: Completion of Item 4 doe Registered Agent		egistered Agent and the Illir does not constitute a regist Richard	nois Registered Office dered agent or office ch E.	nange (See Note 4.)
	Registered Office _		First Name	Middle Name	Patinkin Last Name
Re		89	Lincolnwood Road		Last (V4)
		Number	Street Highland Park		O. Box alone is unaccer (able)
	_		riigitidila Laix	ր 60035	Lake
	_		City	ZIP Code	County
5. Th fee	uis application is a and penalties re	ccompanied	City by all delinquent report for	ZIP Code	
S. Th	e undersigned co	rporation ha	City d by all delinquent report for a Note 1.) as caused this application to	ZIP Code ms together with the fi	County ling fees, franchise taxes, license
S. The	e undersigned co	rporation hat that the fac	City d by all delinquent report for Power Note 1.) as caused this application to the stated herein are true and	ZIP Code ms together with the fi be signed by a duly a correct. (All signature	County ling fees, franchise taxes, license uthorized officer who affirms, under es must be in BLACK INK.)
S. The	e undersigned co	rporation hat that the fac	City d by all delinquent report for Power Note 1.) as caused this application to the stated herein are true and	ZIP Code ms together with the fi be signed by a duly a d correct. (All signature rank's Glass Service, In	County ling fees, franchise taxes, license uthorized officer who affirms, under es must be in BLACK INK.) nc.
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i. The	ne undersigned conalties of perjury, atedAugustant	rporation hat that the facust Month & Day Authorized Office	City d by all delinquent report for e Note 1.) as caused this application to ts stated herein are true and year 7 2007 File 7 Year 6 Signature	ZIP Code ms together with the fi be signed by a duly a d correct. (All signature rank's Glass Service, In	County ling fees, franchise taxes, license uthorized officer who affirms, under es must be in BLACK INK.) nc.

Printed by authority of the State of Illinois. February 2006 - 25M - C 89.23