

# UNOFFICIAL COPY

FORM NFP 112.45/113.60 (rev. Dec. 2003)  
APPLICATION FOR REINSTATEMENT  
DOMESTIC/FOREIGN CORPORATIONS  
General Not For Profit Corporation Act



Doc#: 0830845026 Fee: \$40.25  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 11/03/2008 08:48 AM Pg: 1 of 1

**FILED**

SEP 15 2008

JESSE WHITE  
SECRETARY OF STATE

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,  
certified check, money order or an Illinois  
attorney's or CPA's check payable to Secretary  
of State. DO NOT SEND CASH.

File # 6250-895-7 Filing Fee: \$25 Approved [Signature]

----- 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:

Tamarack at River Walk Townhome Homeowners' Association

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: 5/27/04

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

Registered Agent: Vacant

First Name Middle Name Last Name

Registered Office: 853 N Elston,

Number Street Suite # (P.O. Box alone is unacceptable)

Chicago IL 60622 Cook

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 August 14<sup>th</sup> 2008 TAMARACK AT RIVER WALK TOWNHOME HOMEOWNERS ASSOCIATION  
Month & Day Year Exact Name of Corporation

Donald Reinke  
Any Authorized Officer's Signature

TREASURER - DON REINKE  
Name and Title (type or print)

SY  
PL  
SK  
MY  
10/10