

# UNOFFICIAL COPY



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

Doc#: **0834045048** Fee: **\$38.00**  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 12/05/2008 09:34 AM 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.cyberdrivellinois.com

**FILED**

**NOV 24 2008**

**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 # D 6163-277-8

Filing Fee: \$200

Approved: *kok*

----- 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:  
PANDA PROPERTY MANAGEMENT, 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: 10/02/2006

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 JOHN E. LOVSTRAND

First Name Middle Name Last Name

Registered Office 19 S. LASALLE STREET, SUITE 900

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

CHICAGO, IL 60603 COOK

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 November 12, 2008

Month & Day

Year

PANDA PROPERTY MANAGEMENT, INC.

Exact Name of Corporation

*X*  
*[Signature]*  
Any Authorized Officer's Signature  
HILARY PISOR, PRESIDENT  
Name and Title (type or print)