

UNOFFICIAL COPY

FORM NFP 112.45/113.60 (rev. Dec. 2003)

APPLICATION FOR REINSTATEMENT
DOMESTIC/FOREIGN CORPORATIONS
General Not For Profit Corporation Act



FILED

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

JAN - 6 2009

**JESSE WHITE
SECRETARY OF STATE**

Doc#: 0904855105 Fee: \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 02/17/2009 03:54 PM Pg: 1 of 1

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 # 6551-260-2 Filing Fee: \$25 Approved: AM

----- 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:

LAKESIDE LOFTS CONDOMINIUM 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: OCTOBER 10, 2008

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

Registered Agent: MARK R. ORDOWER
First Name Middle Name Last Name

Registered Office: 333 SOUTH DES PLAINES STREET, SUITE 207
Number Street Suite # (P.O. Box alone is unacceptable)

CHICAGO 60661 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 October 30, 2008 LAKESIDE LOFTS CONDOMINIUM ASSOCIATION
Month & Day Year Exact Name of Corporation

BA Murphy
Any Authorized Officer's Signature
Barbara A. Murphy, President
Name and Title (type or print)