

UNOFFICIAL COPY



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

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

FILED

OCT - 2 2009

**JESSE WHITE
SECRETARY OF STATE**

Doc#: **0929447108** Fee: **\$40.25**
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 10/21/2009 10:45 AM Pg: 1 of 1

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 # 6351-339-3 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:

Ashford Place 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: 9-1-09

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

Registered Agent:	<u>Dennis</u>	<u>M.</u>	<u>Heywood</u>
	First Name	Middle Name	Last Name
Registered Office:	<u>13301</u>	<u>S. Ridgeland Avenue</u>	<u>Suite B</u>
	Number	Street	Suite # (P.O. Box alone is unacceptable)
	<u>Palos Heights</u>	<u>60463</u>	<u>Cook</u>
	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 X 9/22, 2009 Ashford Place Condominium Association
Month & Day Year Exact Name of Corporation

[Signature]
Any Authorized Officer's Signature

Lukasz Chlewicki President
Name and Title (type or print)