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Doc#: 0933818045 Fee: \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 12/04/2009 01:15 PM Pg: 1 of 1

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

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

FILED
NOV 25 2009
JESSE WHITE
SECRETARY OF STATE

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 # 6498-1978 Filing Fee: \$25 Approved: sc

----- 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:

The Arbors at Barrington

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: 11/3/09

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

Registered Agent: Matthew L. Moodhe
First Name Middle Name Last Name

Registered Office: 750 W Lake Cook Road - #350
Number Street State # (P.O. Box alone is unacceptable)
Buffalo Grove 60089 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 November 24, 2009 The Arbors at Barrington
Month & Day Year Exact Name of Corporation

[Signature]
Any Authorized Officer's Signature

Tim Lyons Treasurer
Name and Title (type or print)