UNOFFICIAL COPY

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

Remit payment in the form of a cashier's check, certified check, money order or an Illinois

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

EEB 1 1 2010

JESSE WHITE SECRETARY OF STATE

Doc#: 1012318084 Fee: \$38.00 Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 05/03/2010 03:34 PM Pg: 1 of 1

atto	orney's or CPA's check payable to Secretary State, DO NOT SCNL CASH.
	File # 6 4 25 - 458 - 8 Filing Fee: \$25 Approved:
	———— Submit in dupl code ———— Type or Print clearly in black ink ———— Do not write above this line \(\frac{\frac{1}{2}}{2} - \)
1.	a. Corporate Name as of date of issuance of Certificate of Dissolution or Revocation: CONDOM: NIMM The 35th and Wood Street Gones mium Owners 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 basis):
2.	State of Incorporation: IL
3.	Date Certificate of Dissolution or Revocation was issued
4.	Name and Address of Registered Agent and Illinois Registered Office upon reinstatement:
	Registered Agent: Maria Salazar First Name Middle Name Last Name
	Registered Office: 1758 W. 35th St., Unit 3F Number Street Street Suite # (P.O. Box alone is unacceptable)
	Chicago, IL 60609, 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 penaltics 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 January 15 Month & Day Any Authorized Officer's Signature The 35th and Wood Street Condominium Owners Association Exact Name of Corporation
	Maria Salazar, President

Name and Title (type or print)