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

Doc#: 1018129077 Fee: \$38.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 06/30/2010 03:07 PM Pg: 1 of 1

FILED

JUN 15 2010

JESSE WHITE
SECRETARY OF STATE

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.cyberdriveillinois.com

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 # 5448-928-5 Filing Fee: \$200 Approved:

----- 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:

MCL MANAGEMENT CORPORATION

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: MAY 14, 2010

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 DAVID A. GROSSBERG
First Name Middle Name Last Name

Registered Office 233 SOUTH WACKER DRIVE, SUITE 6600
Number Street Suite # (P.O. Box alone is unacceptable)

CHICAGO IL 60606 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 JUNE 3, 2010 MCL MANAGEMENT CORPORATION
Month, Day Year Exact Name of Corporation

Any Authorized Officer's Signature

DANIEL E. McLEAN, PRESIDENT
Name and Title (type or print)