

# UNOFFICIAL COPY

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



**FILED**

Doc#: 1019446005 Fee: \$38.00  
Eugene "Gene" Moore  
Cook County Recorder of Deeds  
Date: 07/13/2010 10:44 AM Pg: 1 of 2

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

**MAY 18 2010**

**JESSE WHITE**  
**SECRETARY OF STATE**

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 # 6120-383-4 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:

Dr. Cheryl Scallon P.C.

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: January 9, 2009

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 Cheryl Ann Scallon

First Name

Middle Name

Last Name

Registered Office 9631 West 153rd Street #38

Number

Street

Suite # (P.O. Box alone is unacceptable)

Orland Park

City

IL 60462

ZIP Code

Cook

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 May 1

Month & Day

, 2010

Year

Dr. Cheryl Scallon PC

Exact Name of Corporation

Cheryl Scallon  
Authorized Officer's Signature

Cheryl Scallon owner

Name and Title (type or print)

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## NOTES

1. All fees in connection with the reinstatement must be in the form of a certified check, cashier's check, Illinois attorney's check, CPA's check or money order payable to Secretary of State. This includes all filing fees, franchise taxes, penalties and interest.
2. If the corporate name the corporation had at the time of dissolution or revocation is not available for use at the time of reinstatement, the corporation shall set forth the new name by which it will hereafter be known. A change of corporate name also must be properly effected in accordance with the provisions of the Business Corporation Act of 1983. For domestic corporations, Articles of Amendment must be filed, pursuant to Section 10.30. For foreign corporations, if the name has been changed, an Application for Amended Authority (Form BCA 13.40), together with a certified copy of the amendment, must be filed pursuant to Section 13.40.
3. This item must be completed if either the foreign corporation's true name was not available at the time of qualification or the foreign corporation's true name is now not available at the time of reinstatement. If the foreign corporation's true name is no longer available at the time of reinstatement, Forms BCA 13.40 and BCA 4.15 must accompany the other documents pertaining to the reinstatement. If the renewal date for the assumed name is prior to the date of signing in Item 6, an assumed name renewal statement must accompany the reinstatement application.
4. If either or both the registered agent or the registered office of the corporation has changed since the time of dissolution or revocation, the corporation shall properly report such a change on Form BCA-5.10.