**UNOFFICIAL** 

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

**Business Corporation Act** 

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 Doc#: 1019618033 Fee: \$44.00 Eugene "Gene" Moore Cook County Recorder of Deeds Date: 07/15/2010 02:27 PM Pg: 1 of 5

CP0263000
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cashier's order, so to

See notes on back.	Filed: 7/13/2010	Jesse White	Secretary of	F State
	File # 6599894	7	Filing Fee: \$200	Approved: MJE
Submit in duplicate	Type or Print clearly	in black ink ———-	– Do not write abo	ove this line
1. a. Corporate Name as of date of	issuance of Certificate of	Dissolution or Rev	vocation:	
7550 S. COLES, CORP.				
b. Corporate Name if changed: (\$	See Note Z.)			***************************************
c. If a foreign corporation having a (See Note 3.)		ed corporate name	restriction, the As	ssumed Corporate Name
		<del>-//,</del>		
2. State of Incorporation: ILLINOIS				
3. Date Certificate of Dissolution or	Revocation issued:	7-10-0	, 9	
<ol> <li>Name and Address of Illinois Reg NOTICE: Completion of Item 4 do</li> </ol>				
Registered Agent ANN DOSEN_	First Name	Middle Name	, a d N l	
0		Middle Name	Lest Na	ame
Registered Office <u>9701 S. MERY</u> Number	TON Street	Suite	# (P.O. Box alone is	(nacceptable)
PALOS HILLS.		IL 604	465	СООК
S-I-A-S-C-I-IIA-S-C-I	City	ZIP Code	Coun	ly
5. This application is accompanied to fee and penalties required. (See to		orms together with t	the filing fees, fra	nchise taxes, license
6. The undersigned corporation has penalties of perjury, that the facts	caused this application to stated herein are true at	to be signed by a d nd correct. (All sign	uly authorized off atures must be in	icer who affirms, under BLACK INK.)
Dated	JLY 12 , 2010	7550 S, COLES, C	ORP.	
Month & Day  Any Authorized Office	Year		Exact Name of Corpo	ration
NIKICA DOSEN, PRESID Name and Title (ty	ENT			

☼ Printed on recycled paper. Printed by authority of the State of Illinois. April 2010 — 5M — C 89.23

1019618033 Page: 2 of 5

# **UNOFFICIAL COPY**

YEAR OF: 2009

File Prior to: 02/01/2009

### STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE #: 65998947

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

NOTE: A change in the Registered Agent and/or Registered Office may only be effected by filing Form BCA-5.10/5.20. If there have been any changes in items 6 or 7a, Form BCA-14.30 <u>must be completed and submitted in the same envelope.</u>

7a. 7b. 8. PR SEC	Amou Paid-in By Item ESIDENT CRETARY	T: If the amount in int of Paid-in Capital on record Any Authorized Office  8 Must Be Sig	with Secretary Signature Ined.  Plea	ry of State: \$	): \$	07/12/20  RN TO: ecretary of St 1 S. Second .cyberdriveilliin	10 Date	(Paid-in Capital reflect Statet Capital and Pichum).)  Under the nendly of perjunding the control of the contro	aid-in surplus ac-
7a. 7b. 8.	. Amou . Paid-ii By	Capital on record	with Secretar r's Signature ined.	ry of State: \$	): \$	07/12/20 BN TO: ecretary of St 1 S. Second .cyberdriveillii	10 Date ate St. • Springfield, IL	(Paid-in Capital reflect Statet Capital and Pichum).)  Under the nendly of perjunding the control of the contro	aid-in surplus ac-
7a. 7b.	. Amou	Capital on record	with Secretar r's Signature ined.	ry of State: \$	): \$	07/12/20 BN TO: ecretary of St 1 S. Second .cyberdriveillii	10 Date ate St. • Springfield, IL	(Paid-in Capital reflect Statet Capital and Pichum).)  Under the nendly of perjunding the control of the contro	aid-in surplus ac-
7a. 7b.	. Amou	Capital on record	al (as of 11/	/30/08 ry of State: \$ _	): \$	07/12/20	10 Date	(Paid-in Capital reflect Statet Capital and Pichum).)  Under the renaity of perjury officer, I dedite that this arm provisions of the Business of the sampled by me and	aid-in surplus ac-
7a. 7b.	. Amou	Capital on record	al (as of 11/	/30/08 ry of State: \$ _	): \$	,000	10 Date	(Paid-in Capital reflect Statet Capital and Pichunts).  Under the nentity of perjuly officer, I ded the that this and provisions of the Rusiness	aid-in surplus ac-
7a.	. Amou	nt of Paid-in Capita	al (as of <u>11</u> /	130/08	): \$		Form BOA +4,30 mt	(Paid-in Capital reflect	ts the sum of the aid-in surplus ac-
							Form BCA (4,20 mu	ist be completed.	
<del></del>							· / / )		
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						<del>7)</del> x			
<u>C</u>	COMMO	N		0.	.0 0	1(	00.000,0		1,000
	ASS	er of shares autho		<del></del>	1/30/08 VALUE		000.00 ER AUTHORIZED	NUN	MBER ISSUED
5.	lf 519	6 or more of stock i	is owned by a	minority or 15.	male, please che	ck appropriate	e box: 🗅 Minority	Owned D Female Ow	ned
-	Director			_			-,- <del>-</del>		
	Director Director			<u>x</u>					
"' <b>/</b>	Treasurer	ANN DOSEN,		37U   3, W	ERTTON, F	ALUS HILL	3, ILLIIVOIS 60	400	
- a' /-	President Secretary	NIKICA DOSE ANN DOSEN.	<u>N, x</u>				S, ILLINOIS 60 S, ILLINOIS 60		
	OFFICE	70	NAME		NUMBER & S	STREET	CITY	STATE	ZIP
4,		es and Addresses ( E: The namus and			s and directors	must be ente	ered in this item.	•	
3.	Date	Incorporated:	02 / Month	21/ Day	2008 Year	•			
٠,	Princ	ipal Address of Co	rporation: <u>97</u> Stre	01_S_MER	YTON.	PALO	S.HILLS, City	ILLINOIS	60465 e ZIP Code
2.		IL, ZIP Code:PAL			60465		County: COOK	(	
þ			1 \$. MERY	TON					
2		stered Office: 970:			ú		OCOOC WITH	e Secretary o	

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(Item 9 OR 10a OR 10b, whichever is applicable, MUST be completed.)

9.	Amounts stated in parts (a) the ending		iven for the 12-month period		
	Day	Month	Year		
	Value of the property (gross asset	ts):		·	
	(a) owned by the corporation,	wherever located:		(a) \$	
	(b) of the corporation located to	within the State of Illinois	- -	(b) \$	
	Gross amount of business transact	cted by the corporation:	•		
	(c) everywhere for the above (	period:	***************************************	(c) \$	
	(d) at or from places of busine	ss in Illinois for the above	period;	(t) \$	
	ALLOCATION FACTOR =	b+d = *		Enter this figure on line 11b bel	OW.
		a + c	6 decimal places	<del>-</del>	
100	(T) All property of the Corn	poration is located in	Illinois and All business	-14-0.	
TOQ.	in Illinois.	oration is located in	minois and ALL business	of the Corporation is transacted at or	from places of busines
10b.	★ The Corporation cleats	to pay franchise ta	x on the basis of 100% of	fits total Paid-in Capital.	
		/			
	ALLOCATION FACTOR = 1	<u> 00000 (Enter this fli</u>	gure on line 11b below.)		•
		$O_{\mathcal{K}}$			
ST	OP: Item 9 or 10 mus	st be complete	ed before continu	ing to Item 11.	
			•	3	
11.	ANNUAL FRANCHISE (TA)	X AND FEES			
11a.	TOTAL PAID-IN CAPITAL	(Enter amount from	Itom 7a;	1,000.00	
	if late, enter the greater of	7a or 7b.)		a. 1,000.00	
			0.		
11b.	ALLOCATION FACTOR (E	nter from Item 9 or	Item 10.)	b. 1	
			<sup>4</sup> /),	<u> </u>	
11c.	ILLINOIS CAPITAL (Multipl	y line 11a by line 1	1b.)	c 1,000	
11d1	. Multiply line 11c by .001 (R	ound to nearest cer	nt.)	d1. 1	
1 fd2	. ANNUAL FRANCHISE TAX	(Enter amount froi	m line d1, but not less tha	an \$25.)	d2. 25.00
					· [//
Tiet	Tr'Annual Report is late, mu	Itiply line dz by .10		<del>6</del> 1	_ <i></i> ///
11e2	. If Annual Franchise Tax is I			0.1	
	late or part thereof (minimus	m \$1)	***************************************	e2.	11.50
11e3	. INTEREST & PENALTIES (	(Add lines e1 and e	2.)		e3 // /
118	ANNUAL DEDOOT EURO	FFF (075)			116 + 75.00
11f.	ANNUAL REPORT FILING	ree (\$/5)	***************************************		11f. + 75.00
11g.	TOTAL ANNUAL FRANCHI	SETAX FEES IN	TEREST PENALTIES D		
J	(Add line d2 - line o2 - line		- ENALIES D	OL .	111,50

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE. (Place corporate file number on check.)

#### **IMPORTANT**

If there have been changes in Items 6 or 7, Form BCA 14.30 must be executed and submitted with this Annual Report in the same envelope.

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# **UNOFFICIAL COPY**

YEAR OF: 2010

#### STATE OF ILLINOIS DOMESTIC CORPORATION ANNUAL REPORT

CORPORATION FILE #: 65998947

File Prior to: 02/01/2010

PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

NOTE: A change in the Registered Agent and/or Registered Office may only be effected by filing Form BCA-5.10/5.20. If there have been any changes in items 6 or 7a, Form BCA-14.30 <u>must be completed and submitted in the same envelope.</u>

	Reg	rporate Name: 7550 S	OOSEN	Filed: 7/	13/2010	Jesse White	e Secretai	ry of State
		gistered Office:9701 \$ y, IL, ZIP Code:PALO	S. MERYTON S HILLS, ILLINOIS 60	465	С	ounty: COOK		
	2. Prir	ncipal Address of Corpo	oration: <u>9701 S. MERY</u> Street	TON,	PALOS H		ILLINOIS St	60465 ate ZIP Code
	3. Dat	te Incorporated:	02 / 21 / Month Day	2008 Year				
		mes and Addresses of 0 TE: The names and a	Officers and Directors: ddresses of ALL officers	and directors mu	st be entered	in this item.		
43.4	OFFICE		NAME	NUMBER & STF	REET	CITY	STATE	ZIP
0/4		ग NIKICA DOSEN				ILLINOIS 60465		
D/K/		Y ANN DOSEN,	9701 S. ME	RYTON, PALO	OS HILLS, I	ILLINOIS 60465		
	Treasure Director		<del></del>	****	····			
	Director				· · · · · · · · · · · · · · · · · · ·			
	Director			· · · · · · · · · · · · · · · · · · ·			<del></del>	
			owned by a minority criefin	_	appropriate bo		ed .□ Female O	wned
	CLASS	SERIE	S PAR VA	ILUE	NUMBER	AUTHORIZED	Nl	JMBER ISSUED
	COMMO	ON	0.0	0,		00.00	·	1,000
				$\mathcal{L}$				
	<del></del>				/×,			
								,
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	IMPORTA	NT: If the amount in iter	n 6 or 7a differs from the S	ecretary of State's	records, Form	BCA 14.39 must b	e completed.	
						4	,	
	7a. Amo	ount of Paid-in Capital (	as of 11-30-09	):\$ <u>/</u>	<u> </u>	O(Pc	aid in Capital rolls	ects the sum of the
Λ.	7b. Paid	I-in Capital on record w	ith Secretary of State: \$ 1.	000.00		\\$.a	iteo Capital and	Paid-in surplus ac-
	8. By	ny Authorized Officers	a DOS LAPRES	IDENT 0	7/12/2010 Date	Office	er, I declare that this a	Ury and as an authorized
	Iten	n 8 Must Be Signe	ed.		_ <del></del>	· provi	examined by me a	ss Corporation Act, has
	-1011			PETHON	TO	know	ledge and belief, true	e, correct and complete.
				RETURN Jesse White, Secre				
			Department of Busines	s Services • 501 S	. Second St. •	Springfield, IL 6275	56	
			217-78	32-7808 • www.cyt	perdriveillinois	.com		
			Please Compl	ete Reverse	Side of	This Report		
	PRESIDEN	<u> </u>						
	SECRETAR							
(	F THE ABO CHANGED	OVE OFFICERS' NAM , ENTER ONLY THE A	ES AND ADDRESSES AR DDITIONS OR CORRECTI	E MISSING OR HA	AVE			File #
F	PRESIDEN	T						T 114 #
		Namo	Street Addres	s	City		State	ZIP Code
Ç	SECRETAR	Name	Street Addres	s	City	····	State	ZIP Code

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### **UNOFFICIAL COPY**

(Item 9 OR 10a OR 10b, whichever is applicable, MUST be completed.)

9.	Amounts stated in parts (a) through (d) below are given for the 12-month period . ending		
	Day Month Year		
	Value of the property (gross assets):		
	(a) owned by the corporation, wherever located:		
	(b) of the corporation located within the State of Illinois:		
	Gross amount of business transacted by the corporation:		
	(c) everywhere for the above period:		
	(d) at or from places of business in Illinois for the above period:		
	ALLOCATION FACTOR = b + d = Enter this figure on line 11b below		
	a + C 6 decimal places		
10a.	Li ALL property on the Corporation is located in Illinois and ALL business of the Corporation is transacted at or from in Illinois.	ım pla	aces of busines
10b.	The Corporation CIFCL's to pay franchise tax on the basis of 100% of its total Paid-in Capital.		٠
i	ALLOCATION FACTOR = 1.00000 (Enter this figure on line 11b below.)		
	$O_{\mathcal{F}}$		
ST	OP: Item 9 or 10 must be completed before continuing to Item 11.		
11.	ANNUAL FRANCHISE TAX AND FEES	-	
11a.	TOTAL PAID-IN CAPITAL (Enter amount from Item 72.	7//	
-	if late, enter the greater of 7a or 7b.)		1
11b.	ALLOCATION FACTOR (Enter from Item 9 or Item 10.)		
			1
11c.	ILLINOIS CAPITAL (Multiply line 11a by line 11b.)		
11d1	. Multiply line 11c by .001 (Round to nearest cent.)d11		
	ANNUAL FRANCHISE TAX (Enter amount from line d1, but not less than \$25.1	d2.	25.00
រាម រ	Tr`Annual Report is late, multiply line d2 by .10		
	. If Annual Franchise Tax is late, multiply line d2 by .02 for each month		
	late or part thereof (minimum \$1)		صی ہے
11e3.	. INTEREST & PENALTIES (Add lines e1 and e2.)	e3	<b>J</b> / -
			_
l 1f.	ANNUAL REPORT FILING FEE (\$75)	11f.	+ 75.00
1g,	TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE		100.50
	(Add line d2 + line e3 + line f.)	119	105.50

MAKE CHECKS PAYABLE TO ILLINOIS SECRETARY OF STATE. (Place corporate file number on check.)

#### **IMPORTANT**

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