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

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

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



cashier's
order,
pay to

CP0263260

Filed: 7/13/2010 Jesse White Secretary of State

See notes on back.

File # 65998947 Filing Fee: \$200 Approved: **MJE**

----- 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:
7550 S. COLES, CORP.
- 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: 7-10-09

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 ANN DOSEN
First Name Middle Name Last Name

Registered Office 9701 S. MERYTON
Number Street Suite # (P.O. Box alone is unacceptable)
PALOS HILLS, IL 60465 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 JULY 12, 2010, 7550 S. COLES, CORP.
Month & Day Year Exact Name of Corporation

Any Authorized Officer's Signature

NIKICA DOSEN, PRESIDENT
Name and Title (type or print)

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YEAR OF: 2009
File Prior to: 02/01/2009

**STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT**
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE #: 65998947

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 must be completed and submitted in the same envelope.

1. Corporate Name: 7550 S. COLES, CORP. Filed: 7/13/2010 Jesse White Secretary of State
Registered Agent: ANN DOSEN
Registered Office: 9701 S. MERYTON
City, IL, ZIP Code: PALOS HILLS, ILLINOIS 60465 County: COOK

2. Principal Address of Corporation: 9701 S. MERYTON, PALOS HILLS, ILLINOIS 60465
Street City State ZIP Code

3. Date Incorporated: 02 / 21 / 2008
Month Day Year

4. Names and Addresses of Officers and Directors:

NOTE: The names and addresses of ALL officers and directors must be entered in this item.

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
DIR / President	NIKICA DOSEN,	9701 S. MERYTON,	PALOS HILLS,	ILLINOIS	60465
DIR / Secretary	ANN DOSEN,	9701 S. MERYTON,	PALOS HILLS,	ILLINOIS	60465
Treasurer					
Director					
Director					
Director					

5. If 51% or more of stock is owned by a minority or female, please check appropriate box: Minority Owned Female Owned

6. Number of shares authorized and issued (as of 11/30/08): 10,000.00

CLASS	SERIES	PAR VALUE	NUMBER AUTHORIZED	NUMBER ISSUED
COMMON		0.0	10,000.00	1,000

IMPORTANT: If the amount in item 6 or 7a differs from the Secretary of State's records, Form BCA-14.30 must be completed.

7a. Amount of Paid-in Capital (as of 12/30/08): \$ 1,000

7b. Paid-in Capital on record with Secretary of State: \$ 1,000.00

(Paid-in Capital reflects the sum of the State's Capital and Paid-in surplus accounts.)

8. By Nikica Dosen PRESIDENT 07/12/2010
Any Authorized Officer's Signature Title Date

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Item 8 Must Be Signed.

RETURN TO:
Jesse White, Secretary of State
Department of Business Services • 501 S. Second St. • Springfield, IL 62756
217-782-7808 • www.cyberdriveillinois.com

Please Complete Reverse Side of This Report

PRESIDENT _____

SECRETARY _____

IF THE ABOVE OFFICERS' NAMES AND ADDRESSES ARE MISSING OR HAVE CHANGED, ENTER ONLY THE ADDITIONS OR CORRECTIONS BELOW.

PRESIDENT _____ Name _____ Street Address _____ City _____ State _____ ZIP Code _____

SECRETARY _____ Name _____ Street Address _____ City _____ State _____ ZIP Code _____

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(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: (a) \$ _____
 (b) of the corporation located within the State of Illinois: (b) \$ _____

Gross amount of business transacted by the corporation:

(c) everywhere for the above period: (c) \$ _____
 (d) at or from places of business in Illinois for the above period: (d) \$ _____

ALLOCATION FACTOR = $\frac{b + d}{a + c} = \frac{\quad}{\quad}$ Enter this figure on line 11b below.
6 decimal places

- 10a. ALL property of the Corporation is located in Illinois and ALL business of the Corporation is transacted at or from places of business in Illinois.
 10b. The Corporation elects to pay franchise tax on the basis of 100% of its total Paid-in Capital.

ALLOCATION FACTOR = 1.00000 (Enter this figure on line 11b below.)

STOP: 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 7a; if late, enter the greater of 7a or 7b.)
 11b. ALLOCATION FACTOR (Enter from Item 9 or Item 10.)
 11c. ILLINOIS CAPITAL (Multiply line 11a by line 11b.)
 11d1. Multiply line 11c by .001 (Round to nearest cent.)
 11d2. ANNUAL FRANCHISE TAX (Enter amount from line d1, but not less than \$25.)
 11e1. If Annual Report is late, multiply line d2 by .10
 11e2. If Annual Franchise Tax is late, multiply line d2 by .02 for each month late or part thereof (minimum \$1)
 11e3. INTEREST & PENALTIES (Add lines e1 and e2.)
 11f. ANNUAL REPORT FILING FEE (\$75)
 11g. TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE (Add line d2 + line e3 + line f.)

a	1,000.00		
b	1		
c	1,000		
d1	1		
		d2	25.00
e1			
e2			
		e3	11.50
		11f	+ 75.00
		11g	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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YEAR OF: 2010
File Prior to: 02/01/2010

**STATE OF ILLINOIS
DOMESTIC CORPORATION ANNUAL REPORT**
PLEASE TYPE OR PRINT CLEARLY IN BLACK INK

CORPORATION
FILE #: 65998947

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Registered Office: 9701 S. MERYTON
City, IL, ZIP Code: PALOS HILLS, ILLINOIS 60465 County: COOK

2. Principal Address of Corporation: 9701 S. MERYTON, PALOS HILLS, ILLINOIS 60465
Street City State ZIP Code

3. Date Incorporated: 02/21/2008
Month Day Year

4. Names and Addresses of Officers and Directors:

NOTE: The names and addresses of ALL officers and directors must be entered in this item.

OFFICE	NAME	NUMBER & STREET	CITY	STATE	ZIP
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DIR/ Secretary	ANN DOSEN,	9701 S. MERYTON,	PALOS HILLS,	ILLINOIS	60465
Treasurer					
Director					
Director					
Director					

5. If 51% or more of stock is owned by a minority or female, please check appropriate box: Minority Owned Female Owned

6. Number of shares authorized and issued (as of 11-30-09): 10,000.00

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8. By X Nikica Dosen PRESIDENT 07/12/2010
Authorized Officer's Signature Title Date

Under the penalty of perjury and as an authorized officer, I declare that this annual report, pursuant to provisions of the Business Corporation Act, has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.

Item 8 Must Be Signed.

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217-782-7808 • www.cyberdriveillinois.com

Please Complete Reverse Side of This Report

PRESIDENT

SECRETARY

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PRESIDENT _____ File # _____
Name Street Address City State ZIP Code

SECRETARY _____
Name Street Address City State ZIP Code

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6 decimal places

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11a. TOTAL PAID-IN CAPITAL (Enter amount from Item 7a, if late, enter the greater of 7a or 7b.)	a	1,000.00		
11b. ALLOCATION FACTOR (Enter from Item 9 or Item 10.)	b	1		
11c. ILLINOIS CAPITAL (Multiply line 11a by line 11b.)	c	1,000		
11d1. Multiply line 11c by .001 (Round to nearest cent.)	d1	1		
11d2. ANNUAL FRANCHISE TAX (Enter amount from line d1, but not less than \$25.)	d2		25.00	
11e1. If Annual Report is late, multiply line d2 by .10	e1			
11e2. If Annual Franchise Tax is late, multiply line d2 by .02 for each month late or part thereof (minimum \$1)	e2			5.50
11e3. INTEREST & PENALTIES (Add lines e1 and e2.)	e3			
11f. ANNUAL REPORT FILING FEE (\$75)	11f		+ 75.00	
11g. TOTAL ANNUAL FRANCHISE TAX, FEES, INTEREST, PENALTIES DUE (Add line d2 + line e3 + line f.)	11g			105.50

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

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