UNOFFICIAL COPY

FORM NFP 112.45/113.60 (rev. Dec. 2003)

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check payable to Secretary

APPLICATION FOR REINSTATEMENT DOMESTIC/FOREIGN CORPORATIONS

General Not For Profit Corporation Act

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

FILED

SEP 1 5 2010

JESSE WHITE SECRETARY OF STATE



Doc#: 1029822105 Fee: \$38.00

Eugene "Gene" Moore

Cook County Recorder of Deeds
Date: 10/25/2010 03:19 PM Pg: 1 of 1

of S	State. DO NOT SEND CAS	H.				
	N _A	File	<u> 5910</u>	2918	Filing Fee: \$25	Approved:
	——— Submit in ժար	licate ———— Typ	e or Print clearly	/ in black ink D	o not write ab	ove this line
		0				
1.	a. Corporate Name as	of uate of issuance	of Certificate	of Dissolution or Revoc	ation:	
	Drexel Park Condor	ninium Residences	Association		· · · · · · · · · · · · · · · · · · ·	
	b. Corporate Name if changed (See Note 2 on back.): N/A					
	c. If a foreign corporation having authority to conduct affairs under an assumed corporate name restriction, the Assumed Corporate Name (See Note 3 on back.):					
	N/A		<u> </u>			
2	State of Incorporation:	Illinois	` (
3. Date Certificate of Dissolution or Revocation was issued: <u>\(\bullet 5/08/09\)</u>						
4.	Name and Address of Registered Agent and Illinois Registered Office upon reinstatement:					
	Registered Agent:	Steven				Washington
		First Name	0 4	Middle Name	11-404	Last Name
	Registered Office:	5050 Number	South	Drexel Blvd Street	Unit 3A Suite # (P.O	. Box alone is unacceptable)
		Chicago		60615	4	Cook
	-	City		ZIP Code	7,	County
	NOTE: completion of A	rticle 4 does not c	onstitute a regi:	stered agent or office cl	hange. (S ee)	lote 4 on back.)
5.	This application is acco	empanied by all de	inquent reports	together with the filing	fees and pen	alues required. (See Note
_	·		**-			
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.					
	5.1	entombor 1	2010	Drexel Park Condomi	nium Residen	ices Association
		ptember 1 onth & Day	, <u>2010</u> Year		act Name of Cor	
	Mines	horized Officer's Signa	ture			
	Shone Johnson					
		and Title (type or prin	t)			