## UNOFFICIALS GOPYS 4



APPLICATION FOR REINSTATEMENT OF

INCORPORATED UNDER THE LAVS OF THE STATE OF ILLINOIS HAS BEEN FILED IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE BUSINESS CORPORATION ACT OF ILLINOIS, IN FORCE JULY 1, A.D. 1984.

Now Therefore, I. Jun Edgat. Secretary of State of the State of Minois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a copy of the Application of the aforesaid corporation.

In Testimony Whereof, Theretoset my hand and arese to be affixed the Great Seal of the State of Illinois.

	at the City of Springfield, this	9TH		
AL MAYE ON	day of DECEMBER 1D	19 87 and		
75	of the Independence of the United States			
	the two hundred and	12TH		
	$\bigcap$ $C$	٨		

SECRETARY UP STATE

## **UNOFFICIAL COPY**

Property of Cook County Clerk's Office

## Date 12-9-87

File # D5367-7096

This Space For Use By

Secretary of State

BC 12.45/13.60 (Rev. Jul. 1984)

Submit in Duplicate Remit payment in Certified Check, Cashiers' Check or Money Order, payable to "Secretary of State".

DO NOT SEND CASH!

JIM EDGAR Secretary of State State of Illinois

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DEC 09 1987

APPLICATION FOR REINSTATEMENTS DOMESTIC OR FOREIGN CORPORAGEMETALY OF STATE-Iling Fee

Clerk E. M.

Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned corporation hereby applies for reinstatement and submits the following statement.

The name of the corporation, as of the date of issuance of the certificate of dissolution or revocation, is

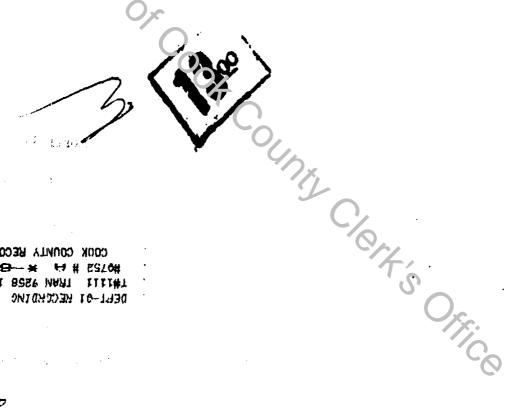
••	Ô	STAR WRECKI	NG COMPANY				
	700.				· · · · · · · · · · · · · · · · · · ·		
	and the name of the corporation as changed is						
	and, if a foreign corporation restriction, the assumed corporation		icate of authority u	nder an assumed cor	(Note 1) porate name(Note 2)		
2.	The date that the certificate of		46		_, 19 <u>87</u>		
3.	The name and address of the registered agent and the registered office, upon reinstatement, will be (Note 3)						
	Registered Agent .	PETER Frs Name	Mkidle Name	CORTHINOS Last Name			
•	Registered Office	6650 West No Number	orthwest Highway Sneer	Suite # (A. P.O. Box alone i.	i noi acceptable)		
		Chicago Cuy	60631 Zip Code	Corner			
4.	This application is accompanional chise taxes and penalties requ		uent report forms to	ogether with the Glir	fees, fren		
each	The undersigned corporation of whom affirm, under penalt	has caused this sities of perjury, that	tatement to be signe the facts stated here	d by its duly authori in are true.	zed officers,		
Dat	ed Nevember 20.	19 <u>87</u>	by X Juleo	ECKING COMBANY (Exact) frame of Corporate  Collina  Mature of President okknown	g) 200		
	PETER CORTHINOS	and White I	PETER CO		Vela I		
	(Type or Print Name and Title)			(Type or Print Name and Title)			

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AND ED ANGELES

DEC 09 1987

FILED



соок солица весоврев 

John Turner 5+.