

-88-428621



Whereas, application for Reinstatement of M.C.S. Mechanicals, INC.

INCORPORATED UNDER THE LAWS 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. Sim Edga. 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 aferesaid corporation.

In Testimony Whereof, Theretoset my hand and cause to

to affixed the Frent Seal of the State of Illinois.

at the Lity of Springfield, this 8TH

day of SEPTEMBER AD 19.88 and

of the Independence of the United States

the two hundred and 13TH

SECRETARY OF STATE

(Type or Print Name and Title)

BCA - 12 45/13.60 IRev

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

APPLICATION FOR REINSTATEMENT 95

DOMESTIC OR FOREIGN CORPORATION

File # D 5139-733-9 This Space For Use By Secretary of State 4 - 3 - 39 Date \$100 Filing Fee Clerk

SEP 8 1988

Pursumt EDGAR provisions of "The Business Corporation Act of 1983", the undersigned corporation hereby apply stigreeinstatement and submits the following statement.

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

	×	.C.S. Mechani	cals, Inc.	<u></u>
	%			
	and the name of the comoration as changed is			
	Or			(Note 1)
	and, if a foreign corporation	having a certificate	of authority under as	assumed corporate name re-
	striction, the assumed corporate harne is			
		0/		(Note 2)
2.	The state of incorporation is	Illinois		
			<i>U</i> .	Aug. 1 86
3.	The date that the certificate of dissolution or revocation was issued was Aug. 1 . 19 86			
 The name and address of the registered agent and the registered office, to (Note 3) 				e, upon reinstatement, will be:
	Registered Agent	David		Apter
	•	rusi name	Miodle Name	Last hame
	Registered Office		Salle Street,	
		Nymber		Suite # [4.P.O Box alone is not acceptable;
		Chicago	60601	Cook
		Cay	Zip Code	Country
5.	This application is accomp franchise taxes, license fee	anied by all deling and penalties requ	quent report forms t ired.	ogether with the filing fees,
	officers, each of whom affirm	ration has caused n, under penalties	this statement to be of perjury, that the fa	signed by its duly authorized acts stated herein are true.
	Aug 1 21	41	v o o vecine	inolo Ima
Date	ed 14.71. 81/	, 19 55	M.C.S. Mechai	Name of Corporation
. 44	and his life to the list	,	hu = Ath	2 Luciti
:ttes	sted by A Stinature of Secretary M.	ENNERS XXXXXX	(Signature	of President M. XXXX PR. XXXX
	Maríe Sievert,	Secretary _	Jack Sieve	rt, President

(Type or Frint Name and Title)

UNOFFICIAL COPY

SEP 8 1988

JIM EDGAR
Secretary of State

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