## UNOFFICIAL COPY File Number 3 3 46 - 50 9 51 6 3

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APPLICATION FOR REINSTATEMENT OF

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. SimEdga. Secretary of State of the State of Alinois, 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 corse to be affixed the Great Scal of the State of Illinois.

attheCityofGringfie	,
day of MAY	
of the Independence	<u>-</u> .
the two hundred and	
	Eslas

BCA 12,45/13.60 (Rev. Jul. 1984)

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

DO NOT SEND CASH!

JIM EDGAR Secretary of State State of Illinois

APPLICATION FOR REINSTATEMENT CENTRAL DOMESTIC OR FOREIGN CORPORATION

File # 5346-209-

This Space For Use By Secretary of State

Date 5-27-88

Filling Fee \$100.00

Clerk Fin.

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

		88526682 + A Nec
nd the name of the corpora	ition as changed is	•
nd, if a foreign corporation	in having a certificate of authority	(Note 1) under an assumed corporate name
atriation, the secured pour	orate name is	
striction, the assumed corp		

The name and address of the registered agent and the registered office, upon reinstatement, will be:

Registered Agent RONALD M. SERPICO, SR.

First Name Middle Name Last Name

Registered Office 1807 North Broadway

Number Street Suite # (A. P.O. Box alone is not acceptable)

Melrose Park, 7L 60160 Cock
City Zip Code Conn.

4. This application is accompanied by all delinquent report forms together with the fining fees, franchise taxes and penalties required.

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The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of whom affirm, under penalties of perjury, that the facts stated herein are true.

Dated May 11

10 88

Assistant Secretary

LTV., INC.

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attested by A

3.

(Note 3)

( and M/ Maricke

(Signature of President or Vice President)

CAROL SANICKI - Secretary
(Type or Pelnt Name and Title)

DOWN W.

SANTCKI-President

(Type or Print Name and Title)

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The Or Coot County Clark's Office

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