91169736



THE REINSTATEMENT OF JOHNSON FOOD SERVICES, 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, Appr-01982 CORPORATION

T#8868 TRAN 5685 04/15/91 11:41:00 #4332 # H *-71-169736 COOK COUNTY RECORDER

91169736

Now Therefore, I, George H. Ryan, Secretary of State of the State of Illinois, by virtue of the powers vested in me by law, do hereby issue this certificate and attach hereto a carry of the Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and Suse to be affixed the Great Seal of the State of Illinois,

at the City of Springfield, this 6TH

day of MARCH A.D. 19 91 and

of the Independence of the United States

the two hundred and 15TH

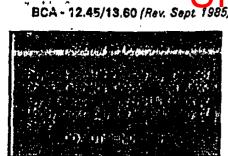
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George & Ryan SECRETARY OF STATE

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This Space For Use By
Secretary of State



Secretary of State State of Illinois

APPLICATION FOR REINSTATEMENT
OF
DOMESTIC OR FOREIGN CORPORATION

This Space For Use By Secretary of State		
Date 3	6-91	
Filing Fee	\$100	
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Pursuant to the provisions of "The Business Corporation Act of 1983", the undersigned corporation her SECRETARY OF STATE

SI 1.	CRETARY OF STATE The name of the corporation, as of the date of issuance of the certificate of dissolution or revocation, is
	JOHNSON FOOD SERVICES, Inc.
	and the name of the corporation as changed is
	(Note 1)
	and, if a foreign corporation having a cortificate of authority under an assumed corporate name re-
	striction, the assumed corporate name is
	(Note 2)
2.	The state of incorporation is
3.	The date that the certificate of dissolution or revocation was issued was $\frac{7801}{100}$, 19 91.
} .	The name and address of the registered agent and the registered office, upon reinstatement, will be: (Note 3) NOTICEL Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form.
	Registered Agent ANITA RIVKIN CAROTHERS First Name Middle Name Last Name
	Registered Office 33 N. LASAI/E St. Suite # (A.P.O. Box every 15 not acceptable)
	Chicago 60602 Conk
	City) 219 Loas C(u.t)

5. This application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, license fee and penalties required.

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 726 28 , 19 9/ attested by (Signature of Secretary or Assistant Secretary)

by (Signature of President)

L. V. Johnson

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SECRETARY OF STATE

MR 6 1991

MAR 7 1991

Atopologist of County Clerk's Office