

UNOFFICIAL COPY

File Number 5349-821-3

94767610

SEAL OF THE STATE OF ILLINOIS  
OFFICE OF  
THE SECRETARY OF STATE

94767610



DEPT-01 RECORDING \$23.00  
T40014 TRAN 2613 08/31/94 09:22:00  
#0501 AR \*-94-767610  
COOK COUNTY RECORDER

Whereas,

THE REINSTATEMENT OF  
NOVUS, 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, 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 copy of the  
Application of the aforesaid corporation.

In Testimony Whereof, I hereto set my hand and cause to

be affixed the Great Seal of the State of Illinois,

at the City of Springfield, this 18TH

day of AUGUST A.D. 19 94nd

of the Independence of the United States

the two hundred and 19TH



George H Ryan  
SECRETARY OF STATE

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Form **BCA-12.45/13.60**  
(Rev. Jan. 1991)

APPLICATION FOR REINSTATEMENT  
of  
DOMESTIC OR FOREIGN CORPORATIONS

File # **5349-821-3**

George H. Ryan  
Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-6961  
  
Payment must be made by certified check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

**FILED**

AUG 18 1994

GEORGE H. RYAN  
SECRETARY OF STATE

SUBMIT A DUPLICATE

This space for use by  
Secretary of State  
Date **8-18-94**  
Filing Fee \$ 100.00  
Approved: *[Signature]*

1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:  
Novus, Inc.

(b) Corporate name as changed: \_\_\_\_\_ (Note 1)

(c) If a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name: \_\_\_\_\_ (Note 2)

2. State of incorporation: Illinois

3. Date that the certificate of dissolution or revocation was issued: 11-1-93

4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form.

**EXPEDITED**

AUG 18 1994  
Registered Office  
SECRETARY OF STATE

Registered Agent	Demetrios Dellaportas
First Name	Last Name
415	N. LaSalle Street
Number	Street
	Suite # (A.P.O. Box and a street apartment)
Chicago	60610
City	Zip Code
	Suite 200
	Cook
	County

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

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

Dated August 1, 19 94 Novus, Inc.

attested by [Signature] by [Signature]  
(Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)

Demetrios Dellaportas, Secretary Demetrios Dellaportas, President  
(Type or Print Name and Title) (Type or Print Name and Title)

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RECORDING DESK  
BOX 170

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