95320033

State of Allinois Office of The Secretary of State

Whereas,

THE REINSTATUMENT OF 2709 CENTRAL ST. CORP.

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 cartificate 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 ________ day of APRIL A.D. 19 95 and of the Independence of the United States the two hundred and ______

Deorge 4 Kyan

Secretary of State

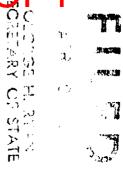
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Property of Cook County Clerk's Office

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Form BCA-12.45 **DOMESTIC OR FOREIGN CORPORATIONS** 13.60 File # 2902-589-4 (Rev. Jan. 1995) This space for use by Secretary of State George H. Ryan SUBMIT IN DUPLICATE! Secretary of State Department of Business Services Springfield, IL 62756 This space for use by Secretary of State Payment must be made by certi-APR 20 1995 4-20-95 Date fied check, cashier's check, Illinois attorney's check, Illinois C.P.A.'s Filing Fee \$100.00 GEORGE H. RYAN check or mensy order, payable to Approved: SECRETARY OF STATE "Secretary of State." J. 7 Corporate name as of the date of issuance of the certificate of dissolution or revocation: 1. 2709 Central Street Corporation Corporate name as changed: If a foreign corporation having a corrilicate of authority under an assumed corporate name restriction, the assumed corporate name. _ State of incorporation: ___ Date that the certificate of dissolution or revocation was issued: 12/1/93 3. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: (Note 4. 3) NOTICE! Completion of item #4 does not constitute a registered agent or office change. See note #3 on back of this form. /Flanagan James Registered Agent First Name Middle Name Last Name 1515 Chicago AVenue Registered Office Suite # (A P.O. Box alone is not acceptable) Street Number Illinois Evanston, CODIC City Zip Code County This application is accompanied by all delinquent report forms together with the filing fees, franchise takes, 5. linguise tee and penalties required. The undersigned corporation has caused this statement to be signed by its duly authorized officers, each of without the composition of the composi 6. affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK IAK.) 2709 Central Street Corporation (Exact Name of Corporation) Lucr dee a FRESIDENT (Type or Print Name and Title) (Type or Print Name and Title) Secretain

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NOTES

- Note 1: If the corporate name which the corporation had at the time of dissolution or revocation is not available for use at the time of reinstatement, the corporation shall set forth the new name by which it will hereafter be known. A change of corporate name must also be properly effected in accordance with the provisions of the Business Corporation Act of 1983. For domestic corporations, articles of amendment must be filed, pursuant to Section 10.30. For foreign corporations, the name must be changed in the state or country of incorporation by articles of amendment filed there, and an application for amended certificate of authority, together with a certified copy of the amendment, must be filed pursuant to Section 13.40.
- Note 2: If a foreign corporation's true name was not available for use when the original certificate of authority was issued, the corporation had to adopt an assumed corporate name for use in Illinois. When reinstating, an application for an assumed corporate name, pursuant to Section 4.15, must accompany the reinstatement application.
- Note 3: If either or both the registered agent or the registered office of the corporation has changed since the time of dissolution or revocation, the corporation shall properly report such a change on Form BCA-5.10 or on its most recent annual eport form.

Telephone:
Domestic: (217) 782-5797

Foreign:

MEN. Hell, SMAKT & GOVER.

1519 PHICAGE AVENUE.

EVANSTON, TL 60001

P.O. BOX 1663

EVANSTON, IC 60004

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