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File Number 5600-652-4

96844568

DEPT. RECORDING
11/05/96 11:23:00
96073 # JJ # -96-244568
COOK COUNTY RECORDER

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State of Illinois
Office of
The Secretary of State

Whereas, THE REINSTATEMENT OF
LAUREL OAKS HOMEOWNERS' ASSOCIATION
INCORPORATED UNDER THE LAWS OF THE STATE OF ILLINOIS HAS BEEN FILED
IN THE OFFICE OF THE SECRETARY OF STATE AS PROVIDED BY THE GENERAL
NOT FOR PROFIT CORPORATION ACT OF ILLINOIS, IN FORCE JANUARY 1,
A.D. 1987.

96844568

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 16TH
day of SEPTEMBER A.D. 19 96 and of
the Independence of the United States the two
hundred and 21ST



George H. Ryan

Secretary of State

23.50
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NFP-112.45/113.60
(Rev. Jan. 1995)

GEORGE H. RYAN
Secretary of State
State of Illinois

File # 5600-652-4

Submit in Duplicate

Payment must be made by certified check, cashier's check or a money order, payable to "Secretary of State."

FILED
SEP 16 1996
SECRETARY OF STATE
GEORGE H. RYAN

APPLICATION FOR REINSTATEMENT OF DOMESTIC OR FOREIGN CORPORATION UNDER THE GENERAL NOT FOR PROFIT CORPORATION ACT

This Space For Use By Secretary of State	
Date	9-16-96
Filing Fee	\$ 25
Approved	EM

Pursuant to the provisions of "The General Not For Profit Corporation Act of 1986," the undersigned corporation hereby applies for reinstatement and submits the following statement.

1. The name of the corporation, as of the date of issuance of the certificate of dissolution or revocation, is Laurel Oaks Homeowners' Association

and the name of the corporation as changed is _____

_____ (Note 1)
and, if a foreign corporation having a certificate of authority under an assumed corporate name restriction, the assumed corporate name is _____

_____ (Note 2)

2. The date that the certificate of dissolution or revocation was issued was Nov. 1, 1995

3. The name and address of its registered agent and its registered office, upon reinstatement will be:
(Note 3)

Registered Agent	<u>John</u>	<u>L.</u>	<u>Berman</u>
	<i>US</i> First Name	Middle Name	Last Name
Registered Office	<u>1500 Laurel Oaks Drive, P.O. Box 213</u>		
	Number	Street	Suite # (A P.O. box alone is not acceptable)
	<u>Streamwood, IL 60107-0213</u>		<u>Cook</u>
	City	Zip Code	County



4. This application is accompanied by all delinquent report forms together with the filing fees and penalties required.

The undersigned corporation has caused this application to be signed by its duly authorized officers, each of whom affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in **BLACK INK.**)

Dated July 9, 96 Laurel Oaks Homeowners' Association
 attested by *John L. Berman* by *Christine R. Casalino*
 (Signature of Secretary or Assistant Secretary) (Signature of President or Vice President)
John L. Berman Christine R. Casalino
 (Type or Print Name and Title) (Type or Print Name and Title)

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