File Number

5790-129-2

96365847

DEPT- 01 RECORDING

\$23,50

706666 TRAN 1057 05/14/96 13:41:00

COOK COUNTY RECORDER

State of Allinois Office of The Secretary of State

Whereas.

THE REINSTATEMENT OF THE LASCALA COMDOMINIUM 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.

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 28TH day of MARCH A.D. 19 96 and of the Independence of the United States the two

hundred and 20TH

STATE OF THE STATE

Deorge 4 Ryan

Secretary of State

23 Prive

C-2122

" Free 100 35"

Property of Cook County Clerk's Office

Subi Payi certi or a "Sec	ment must be made by money order, payable to pretary of State."	GEORGE H. F Secretary of State of Illin State of Illin OF DOMESTIC OR CORPORATION UN GENERAL NOT FO CORPORATION OF GENERAL NOT FOR	State ois NSTATEMENT FOREIGN IDER THE R PROFIT	File # N-5790-139-3. This Space For Use By Secretary of State Date 3-38-96 Filing Fee \$ 25 Approved t of 1986," the undersigned
	poration hereby applies for rei			
1,	The name of the corporation,	as of the date of issuar	ice of the certificate	of dissolution or revocation.
,,	Tagazza	a Condominium A		
	13			60540
	4420~28	North Malden,	Chicago, In	00040
	and the name of the comora	ition as changed is $\frac{N_{s}}{N_{s}}$	(A	
	C	N,	/A	(Note 1)
	and, if a foreign corporation	n huving a certificate c	f authority under a	n assumed corporate name
	restriction, the assumed corp	porate name isN	<u>'A</u>	
		N,	'A	(Note 2)
2.	The date that the certificate	of discolution or to ray	-at con a lancond co	12/01 10.95
3.	The name and address of its (Note 3)	registered agent and i	/	, upon reinstatement will be:
3.)	The name and address of its (Note 3)	registered agent and i	ts registered office	
رياً	The name and address of its (Note 3) Hegistered Agent Rich First No.	registered agent and i	/	, upon reinstatement will be: Jonas
	The name and address of its (Note 3) Registered Agent Rich First No.	registered agent and i cardo ame 26-29 N. Malder	o. Middle Name Unit 28,	, upon reinstatement will be: Jonas
3	The name and address of its (Note 3) Hegistered Agent Rich First No. (C) Pegistered Office 443 Number	registered agent and i cardo ame 26-29 N. 'talder	o. Middle Name Unit 28,	upon reinstatement will be: Jonas Last Name
3	The name and address of its (Note 3) Hegistered Agent Rich First No. (C) Pegistered Office 443 Number	registered agent and i cardo ame 26-29 N. 'talder or Street	O. Middle Name 1, Unit 25, Suite # (A P.O.	Jonas Last Name box alone is not acceptable)
3 3 4.	The name and address of its (Note 3) Hegistered Agent Rice First No. (4) egistered Office 443 Number Chi	registered agent and i cardo ame 26-29 N. 'talder or Street	O. Middle Name O. Middle Name O. Suite # (A P.O. 60640 Zip Code	Jonas Last Name box alone is not acceptable) Cook County
3 4.	The name and address of its (Note 3) Hegistered Agent Rick First No. Egistered Office 442 Number Chil	registered agent and i cardo ame 26-29 N. 'talder or Street	O. Middle Name O. Middle Name O. Suite # (A P.O. 60640 Zip Code	Jonas Last Name box alone is not acceptable) Cook County
(3) 4.	The name and address of its (Note 3) Hegistered Agent Rick First No. Egistered Office 443 Number Child City This application is accompanies required.	registered agent and incardo ame 26-29 N. 'talder Cago, IL nied by all delinquent	Niddle Name O. Middle Name O. Unit 28, Suite # (A P.O. 60640 Zip Code report forms toge ation to be signed beacts stated herein a	Jonas Last Name box alone is not acceptable) Cook County ther with the filing fees and y its duly authorized officers. are true. (All signatures must
(3) 4.	The name and address of its (Note 3) Flegistered Agent Rick First No. Graph Address of its Print No. Child City This application is accompanies required. Yes The undersigned corporation of whom affirms, under penal BLACK INK.)	registered agent and incardo ame 26-29 N. 'talder Cago, IL nied by all delinquent	Is registered office O. Middle Name I. Unit 2S, Suite # (A P.O. 60640 Zip Code report forms toge acts stated herein a	Jonas Last Name box alone is not acceptable) Cook County ther with the filing fees and yits duly authorized officers. are true. (All signatures must
4. each be in	The name and address of its (Note 3) Registered Agent Rick First No. (2) Registered Office 443 Number Child City This application is accompanient penalties required. Yes The undersigned corporation of whom affirms, under penalties BLACK INK.)	registered agent and incardo ame 26-29 N. 'talder Cago, IL nied by all delinquent	Middle Name 1. Unit 25, Suite # (A P.O. 60640 Zip Code report forms toge La Scala Cond by Exact N	Jonas Last Name Docalone is not acceptable) Cook County ther with the filing fees and yits duly authorized officers. are true. (All signatures must ominium Association
4. each be in	The name and address of its (Note 3) Flegistered Agent Rick First No. Graph Address of its Print No. Child City This application is accompanies required. Yes The undersigned corporation of whom affirms, under penal BLACK INK.)	registered agent and incardo ame 26-29 N. 'talder' Street Lago, IL nied by all delinquent has caused this applicaties of perjury, that the terms of the street agent and incare agent and incare agent	Middle Name 1. Unit 25, Suite # (A P.O. 60640 Zip Code report forms toge La Scala Cond by Exact N	Jonas Last Name borglone is not acceptable) Cook County ther with the filing fees and yits duly authorized officers. are true. (All signatures must ominium Association Ime of Corporation) Tresident or Vice President)

Property of Cook County Clerk's Office