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1999-04-28 12:55:24

Cook County Recorder

File Number 5037-247-2



## State of Allinois Office of The Secretary of State

Whereas,

· A.D. 1987.

THE REINSTATEMENT OF 2400 LAKEVIEW CONDOMINIUM 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 INLINOIS, IN FORCE JANUARY 1,

JUNIL C

Now Therefore, I, Jesse White, 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

day of A.D. APRIL 1999 the Independence of the United States the two hundred and

Desse White

Secretary of State

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Secretary of Stall

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

GEORGE H. RYAN Secretary of State State of Illinois

N 5037-247-2

Submit in Duplicate

1.

Payment must be made by certified check, cashiers' check or a money order, payable to "Secretary of State." http://www.sos.state.il.us

**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

Filing Fee

Approved

Dan Stohr, President

(Type or Print Name and Title)

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.

2400 LAKEVIEW CONDOMINIUM ASSOCIATION

~ Karen Uhlmonn, Secretary

(Type or Print Name and Title)

The name of the corporation, as of the date of issuance of the certificate of dissolution or revocation,

and, if a foreign o	corporation having a certi	ficate of authority under an ass	(Note 1)
	umed corporate name is		sumod corporate flame
			(Note 2)
The date that the c	ertificate of dissolution or	r revrication was issued was _	June 1 19 96
		<i>U</i> ,	•
The name and add	ress of its registered agei	nt and its registered office, upo	n reinstatement will be:
(Note 3)		9	
Re liste Age	nt Lauren		Remick
	First Name	Middle Name	Last Name
APR Registered Office	ce 2400 Lakeview		
	Number St	reet Suite # (A P.O. Dox	alone is not acceptable)
JESSE WHITE	Chicago	60614	Cook
NO CIAIP	City:	ZIP Code	County
CRETARY OF STATE			
CRETARY OF STATE	•	and the second second second	
This application is	accompanied by all delir	nquent report forms together v	with the filling fees and
CRETARY OF STATE	accompanied by all delir	nquent report forms together v	with the liling fees and
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This application is	accompanied by all delir	nquent report forms together v	with the tilling fees and
This application is penalties required.	accompanied by all deling YES		G \
This application is penalties required.  The undersigned co	accompanied by all deling YES are proportion has caused this	application to be signed by its d	ulv authorized officers.
This application is penalties required.  The undersigned coch of whom affirms, understants.	accompanied by all deling YES are proportion has caused this	application to be signed by its d at the facts stated herein are tru	iuly authorized officers, ie. (All signatures must
This application is penalties required.  The undersigned coch of whom affirms, under the initial initi	accompanied by all delin YES proration has caused this der penalties of perjury, th	application to be signed by its dual the facts stated herein are true	iuly authorized officers, ue. (All signatures must
This application is penalties required.  The undersigned coch of whom affirms, unit in BLACK INK.)	accompanied by all deling YES are proportion has caused this	application to be signed by its do nat the facts stated herein are true 2400 LAKEVIE CONDOMINIUM	iuly authorized officers, ie. (All signatures must w ASSOCIATION
This application is penalties required.  The undersigned coch of whom affirms, unin BLACK INK.)	accompanied by all delin YES proration has caused this der penalties of perjury, th	application to be signed by its do nat the facts stated herein are true 2400 LAKEVIE CONDOMINIUM	iuly authorized officers, ie. (All signatures must

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## NOTE

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 General Not For Profit Corporation Act of 1986. For domestic corporations, Articles of Amendment must be filed, pursuant to Section 110.30. 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 that pursuant to Section 113.40.

Note 2:

If a foreign comporation's true name was not available for use when the original certificate of authority was is suggand is still not available, the corporation had to adopt an assumed corporate name for use in Illinois. When reinstating, an Application For An Assumed Corporation Name, pulsuant to Section 104.15, 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 "Dis Clork's change on form NP-105.10/105.20.

JIHW JEETL SHOULDARY ()F

DOMESTIC OR FOREIGN CORPORATION GENERAL NOT FOR PROFIT CORPORATION ACT

APPLICATION FOR REINSTATEMENT OF

MUST FILE IN DUPLICATE

Filing Fee \$25

RETURN TO:

(217) 782-5797 217) 785-5782 Telephone Foreign: (217) 782-1837 Department of Business Services Springfield, Illinois 62756 Secretary of State

FORM NFP-112.45/113.60

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