FORM **BCA 12.45/13.60** (rev. Dec. 2003)

APPLICATION FOR REINSTATEMENT DOMESTIC/FOREIGN CORPORATIONS

BUSINESS CORPORATION ACT

Jesse White, Secretary of State
Department of Business Services
Springfield, IL 62756
217-782-1837 (Foreign)
217-785-5782 or 217-782-5797 (Domestic)
www.cyberdriveillinois.com

Remit payment in the form of a cashier's check, certified check, money order or an Illinois attorney's or CPA's check, payable to Secretary of State.

| | | is attorney's or CPA's check, Secretary of State. | | | | | |
|----|--|--|---------------|--------------------|-----------------------------|-----------------------------|------------------|
| | | | File # | | Filing Fe | ee: \$200 Approved: | |
| | | Submit in duplicate | Type or Print | clearly in black i | nk | -Do not write above this li | ne |
| 1. | (a) | Corporate name as of date of issuance of Certificate of Dissolution or Revocation: | | | | | |
| | (b) | Corporate name if changed (note 2): | | | | | |
| | (c) | If a foreign corporation having authority under an assumed corporate name restriction, the assumed corporate name (note 3): | | | | | |
| 2. | Stat | te of incorporation: | | | | | |
| 3. | Date | te Certificate of Dissolution or Revocation issued: | | | | | |
| 4. | Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement: NOTICE! Completion of item #4 does not constitute a registered agent or office change (note 4). | | | | | | |
| | | Registered Agent | First Name | | Middle Name | | Last Name |
| | | Registered Office | Number | Street | Suite # | (P.O. BOX ALONE IS | NOT ACCEPTABLE.) |
| | | | | | IL | | |
| | | | City | | Z | IP Code | County |
| 5. | | application is accompanied by all delinquent report forms together with the filing fees, franchise taxes, use fee and penalties required (note 1). | | | | | |
| 6. | The undersigned corporation has caused this application to be signed by a duly authorized officer who affirms, under penalties of perjury, that the facts stated herein are true. (All signatures must be in BLACK INK .) | | | | | | |
| | Date | ated(Month, Day & Year) | | | (Exact Name of Corporation) | | |
| | By(Any Authorized Officer's Signature) | | | | | | |
| | - | (Print name a | nd title) | C-89.22 9/04 | | | |

NOTES

- Note 1: All fees in connection with the reinstatement <u>must</u> be in the form of a certified check, cashier's check, Illinois attorney or CPA's check or money order, payable to Secretary of State. This includes all filing fees, franchise taxes, penalties and interest.
- Note 2: If the corporate name 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 also must 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, if the name has been changed, an Application for Amended Authority (form BCA 13.40), together with a certified copy of the amendment, must be filed pursuant to Section 13.40.
- Note 3: If a foreign corporation's true name was not available for use when the original application for 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 4: 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.