

APPLICATION FOR REINSTATEMENT  
DOMESTIC/FOREIGN CORPORATIONS  
General Not for Profit Corporation Act

Jesse White, Secretary of State  
Department of Business Services  
Springfield, IL 62756  
Telephone (217) 782-5797  
(217) 785-5782  
<http://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 the Secretary of State.  
DO NOT SEND CASH!

File # \_\_\_\_\_ Filing Fee: \$25.00 Approved: \_\_\_\_\_  
Submit in duplicate \_\_\_\_\_ Type or Print clearly in black ink \_\_\_\_\_ Do not write above this line \_\_\_\_\_

- 1. (a) Corporate name as of the date of issuance of the certificate of dissolution or revocation:  
Center on Fathers, Families, and Public Policy
- (b) Corporate name if changed (Note 2): Center for Family Policy and Practice
- (c) If a foreign corporation having authority to conduct affairs under an assumed corporate name restriction, the assumed corporate name (Note 3):  
\_\_\_\_\_

2. State of Incorporation: Illinois

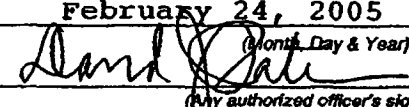
3. Date that the certificate of dissolution or revocation was issued: December 1, 2004

4. Name and address of the Illinois registered agent and the Illinois registered office, upon reinstatement:  
NOTICE! Completion of Article 4 does not constitute a registered agent or office change. (Note 4)

Registered Agent	<u>Daniel</u>	<u>Ash</u>
	<i>First Name</i>	<i>Middle Name</i> <i>Last Name</i>
Registered Office	<u>1208 East 63rd</u>	
	<i>Number</i>	<i>Street</i> <i>Suite # (A.P.O. box alone is not acceptable)</i>
	<u>Chicago, IL</u>	<u>60637</u>
	<i>City</i>	<i>ZIP Code</i> <i>County</i>

5. This application is accompanied by all delinquent reports together with the filing fees 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.**)

Dated February 24, 2005  
*(Month, Day & Year)*  
  
*(My authorized officer's signature)*  
David J. Pate Executive Director  
*(Print name and title)*

Center for Family Policy and  
*(Exact Name of Corporation)*  
Practice