

11/01/02 11:19 312 641 3701

STEIN, RAY &amp; HARRIS

003/003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS



FILED

02 NOV -8 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005290

1. Corporation Name

ROBERT G. LYON &amp; ASSOCIATES, INC.

Principal Place of Business

4825 NORTH SCOTT STREET, SUITE 400  
SCHILLER PARK IL 60176

Mailing Address

4825 NORTH SCOTT STREET, SUITE 400  
SCHILLER PARK IL 60176

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. New Mailing Office Address, if Applicable

Stephen E. Ray, Esq.

Suite, Apt. #, etc.

222 W. Adams, Ste. 1800

City &amp; State

Chicago, IL

Zip

Country

60606

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

10/10/2001

5. FEI Number

36272790

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	GEOGHEGAN, JOSEPH A JR.	4825 NORTH SCOTT STREET, SUITE 4	SCHILLER PARK IL 60176
D	LYON, ROBERT G	4825 NORTH SCOTT STREET, SUITE 4	SCHILLER PARK IL 60176

608000033356  
11/08/02--01124--013 \*\*\*150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

JACQUELINE N. CASPER, ASST. VP

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

November 4, 2002

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.6.02

Date

Daytime Phone #



■ SOLUTIONS ■ DESIGN ■ ARCHITECTURE

Chicago  
Los Angeles  
[www.rgla.net](http://www.rgla.net)

November 6, 2002

Division of Corporations  
Annual Report/Reinstatement Section  
409 E. Gaines  
Tallahassee, Florida 32399

Re: Robert G. Lyon & Associates, Inc.  
Application for Reinstatement  
Document No. F01000005290

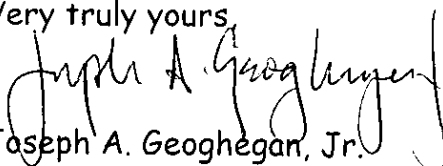
To Whom It May Concern:

This letter is to respectfully request that you waive the \$600.00 reinstatement fee because Robert G. Lyon & Associates did not receive any prior UBR notices.

Accordingly, enclosed please find an executed Application for Reinstatement along with the fee to file the report in the amount of \$150.00.

If you have any questions or should need further information, please do not hesitate to contact me.

Very truly yours,

  
Joseph A. Geoghegan, Jr.  
President

ROBERT G. LYON & ASSOCIATES, INC.

4825 N. Scott Street • Suite 400 • Schiller Park • Illinois 60176 • p: 847.671.7452 • f: 847.671.4200