

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1997 NOV -4 PM 12: 59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000001595**

1. Corporation Name
GYNCOR, INC.

Principal Place of Business: **750 N. ORLEANS CHICAGO IL 60610**

Mailing Address: **750 N. ORLEANS CHICAGO IL 60610**

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



2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 03/28/1996	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		5. FEI Number 36-3989422	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD CEO	GLEICHER, NORBERT	750 N ORLEANS STREET	CHICAGO IL 60610
X P	HAVEMANN, DONNA <i>Dohovan, Robert F.</i>	750 N ORLEANS STREET	CHICAGO IL ..
V	GERRITY, MARYBETH <i>Falk, Barry S.</i>	750 N ORLEANS STREET	CHICAGO IL ..
SD	PRATT, DONNA	750 N ORLEANS STREET	CHICAGO IL ..
D	KENNEDY, BRIAN	678 N. ST. CLAIR <i>300 E. Randolph</i>	CHICAGO IL
T	BUCKER, ROBERT J <i>Nelson, Julie</i>	750 N ORLEANS	CHICAGO IL

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name: **REINSTATEMENT**

Street: **800002340978-4**

Sulte, Apt. #, Etc.: **-11/06/97--01121-017**

City: ******758 FL** State: **FL** Zip: **33324**

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.

Signature of Registered Agent: *Conie Bryan* **CONIE BRYAN** SPECIAL ASSISTANT SECRETARY

Date: **11/3/97**

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on Intangible tax.)

12. 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: *Robert F. Dohovan*

DATE: **October 30, 1997**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2040 (8/97)