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2000-07-19 14:52:12

Cook County Recorder

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE-----\$100 PLUS PENALTY AMOUNT (#6) + 100 TOTAL \$200

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless (1 5) !addressed envelope with pre-paid postage is included.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

1.	Limited partnership's name: Pork Chop Limited Partnership
2.	File number assigned by the Secretary of State:
3.	Federal Employer Identification Number (F.E.I.N.): 35–196071
4.	Admitting name, foreign only , or assumed name, if any, under which the limited partnership is transacting business in Illinois:
5.	State of jurisdiction:Illinois
6.	The application for reinstatement is to return the limited partnership to good standing: (Cherk and complete where appropriate)
	X a) \$100 for each failure to file the renewal report(s) before the due date
	b) \$100 for each failure to file the renewal report(s) within 90 days after the anniversary date. The DEFAULT penalty.
	c) \$100 for failure to file a "Certificate to be Governed" in the specified time allowed. (Prior to 1/1/90)
	d) \$100 for failure to maintain a registered agent in this state as required.
	e) \$100 for failure to report a FEIN within 180 days after filing the initial document with the Secretary of State.
	Reinstatement required but no additional penalty amount due:
	 f) Other (specify) a) Failure to submit Certificate of Good Standing and/or Certificate of Existence. b) Failure to renew required assumed name.

Form LP 1110

UNOFFICIA



100.00 CkO1

(Rev. Jan. 1999)

LPR310/21/99:01:6076:

100.00 CkO1

Penalty of \$100 for each delinquency checked in item number 6 (a through a bove) 08638 FILED

The penalty amount is:\$ ____100.00 . (ENTER ABOVE)

This application must be accompanied by all delinquent reports and/or documents together with the filing fees and penalties

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

00539343

The original application for reinstatement must be signed by at least one general partner.

Signature

Type or print name and title

Albert Y. Bingham, Jr., President of Bulkmatic Transport Company,

Name of General Partner if a corporation or other entity

the General Partner

(Signature must be in **BLACK INK** on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois arterney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State." DO NOT SEND CASH! C/OPTS OFFICE

RETURN TO:

Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960 http://www.sos.state.il.us

Return to: Ms. Janet Bean

Vedder Price Kaufman & Kammholz 222 N. LaSalle Street, #2400

Chicago, IL 60601