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SUBMIT IN DUPLICATE!

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

DEPT-01 RECORDING #23.50  
T#0011 TRAN 9056 01/28/00 09:04:00  
#3228 ÷ TB #-00-073284  
COOK COUNTY RECORDER

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-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

- Limited partnership's name: MCM Limited Partnership
- File number assigned by the Secretary of State: C001001
- Federal Employer Identification Number (F.E.I.N.): 36-3580857
- Admitting name, **foreign only**, or assumed name, if any, under which the limited partnership is transacting business in Illinois: \_\_\_\_\_
- State of jurisdiction: Illinois
- The application for reinstatement is to return the limited partnership to good standing: (Check and complete where appropriate)
  - 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.

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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.

S-70  
P-2  
N-20  
M-yes  
Kam

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Penalty of \$100 for each delinquency checked in item number 6 (a through e above).

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 required.

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

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

Signature *Mark Lambert*

Type or print name and title Mark Lambert, President

Name of General Partner if a corporation or other entity The Crown Group, Inc., an Illinois corporation

(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 attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State." **DO NOT SEND CASH!**

**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>



The Crown Group  
1564 W. ALgonquin Rd  
Hoffman ESTATES  
IL 60195