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Form LP 1110 (Rev. Jah. 1990) OFFICIAL COPO78321

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Cook County Recorder

23.50

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SUBMIT IN DUPLICATE! 0010578321

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

> **JESSE WHITE** SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a selfaddressed envelope with pre-paid postage is included

1	Limited partnership's name: MPS ENVESTMENTS, LP,		
1.	Limited partite on provide a second control of the second control		
2.	File number assigned by the Secretary of State: 49328258 SO.15120		
3.	Federal Employer Identification Number (F.E.I.N.): 36 4276762		
4.	the state of the s		
	no.siv-1 dinemark e premium of the modern of		
5.	State of jurisdiction: ZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZZ		
IJ.			
6.	The application for reinstatement is to return the limited partnership to good standing: Chrick and complete where appropriate)		
- •	a) \$100 for each failure to file the renewal report(s) before the due date		
	χ 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. 		

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, Form LP 1110	Colombia Col		
(Rev. Jan. 1999) UNOFFICIA	I COPY		
Penaky of \$100 for each delinquency checked in item number 6 (a	a through a part of the solution of the soluti		
The penalty amount is: \$ _/OO (ENTER ABOVE)	LPR306/12/01:01:1760: 100.00 MU		
The penalty amount is. \$ _700 . (ENTER ABOVE)	SOSIL SO15120 FILED NH		
This application must be accompanied by all delinquent reports an required.	d/or documents together with the filing fees and penaltie		
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 Swan A. Perstak, General	al Partner		
Type or print name and title	General Partner		
Name of General Partner if a corporation or other entity $\frac{\sqrt{\Lambda}}{2}$			
C/X	And the second s		
(C) A control of the control decument Corbon	anny photogopy or rubbor stamp signatures may only b		
(Signature must be in <u>BLACK INK</u> on an original document. Carbon used on conformed copies.)	copy, photocopy of rubber stamp signatures may only be		
-O _O Z			

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 C2756
Telephone: (217) 785-8960
http://www.sos.state.il.us

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