OFFICIAL COMPANY 90 001 Page 1 of = 150.0 2002-01-16 11:43:48 (Rev. Jan. 1999) Cook County Recorder 23.50 BR401/10/02:01:3598: BOSIL COOS454 FILED SUBMIT IN DUPLICATE! REINSTATEMENT FEE-----\$100 **PLUS PENALTY** AMOUNT (#6) + 7 JESSE WHITE All correspondence SECRETARY OF STATE regarding this filing will STATE OF ILLINOIS be sent to the registered agent of the limited APPLICATION FOR REINSTATEMENT partnership unless a soft-CERTIFICATE OF LIMITED PARTNERSHIP addressed envelope with APPLICATION FOR ADMISSION pre-paid postage is included. Apartments Limited Partnership C028454 File number assigned by the Secretary of State: \_\_ 36-4010283 Federal Employer Identification Number (F.E.I.N.): Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in 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  $_{\rm L}$  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.

## WOFFICIAL COPPOS 5129

**Form LP 1110** (Rev. Jan. 1999)

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

(ENTER ABOVE) The penalty amount is:\$

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

Type or print name and titie

Mana gement Javestment Name of General Partner if a corporation or other entity

or paration

(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 2 thorney's check, Illinois C.P.A.'s check or money order, C/OPT'S OFFICE 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, Winois 62756 Telephone: (217) 785-8960 http://www.sos.state.il.us

**RETURN TO:** 

Douglas J. Antonio

Duane, Morris

227 W. Monroe St., Suite 3400

Chicago, Illinois 60606