NOFFICIAL COPY 5396/0119 11 001 Page 1 of (Rev. Jan. 1999) 2003-02-24 11:59:23 Cook County Recorder 26.00 SUBMIT IN DUPLICATE! REINSTATEMENT FEE-----\$100 PLUS PENALTY AMOUNT (#6) + 200 TOTAL \$ 300 JESSE WHITE All coneconndence 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 self-CERTIFICATE OF LIMITED PARTNERSHIP addressed envelop evith APPLICATION FOR ADMISSION pre-paid postage is included. 1. Limited partnership's name: SSG Limited Partnership 2. File number assigned by the Secretary of State: C006978 3. Federal Employer Identification Number (F.E.I.N.): <u>36-3841787</u> 4. Admitting name foreign only, or assumed name, if any, under which the limited partnership is transacting business in 5. State of jurisdiction: Illinois 6. The application for reinstatement is to return the limited partnership to good standing: Chack 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 **5EIN** within 180 days after filing the initial document with the Secretary of State. Reinstatement required but no additional penalty amount due:

___ a) Failure to submit Certificate of Good Standing and/or Certificate of Existence.

b) Failure to renew required assumed name.

___ f) Other (specify)

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Form LP 10 (Rev. Jan. 1999)

LPR302/20/03:01:7370: SOSIL COO6978 FILED ЫN

150.00 MU

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

The penalty amount is: $\frac{200}{}$ ____ (ENTER ABOVE) LPR302/20/03:01:7371: SOSIL COO6978 FILED

200.00 MU

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 file William W. Higginson, President

Name of General Partner if a corporation or other entity __Investment Management Corporation______

(Signature must be in **BLACK INK** on an original cocument. 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! Clory's 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

110 X 100

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