UNOFFICIAL CO

Form LP 1110 (Rev. August 1992)

BUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100 PLUS . PENALTY AMOUNT (#6) 1 500 TOTAL \$600

GEORGE H, RYAN 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 self-addressed envelope with prenaid postage is included.

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OFFICE USE ONLY

1:

1	Limited partnership's pime: 7301 Sheridan Limited Partnership		
	The second secon		
2	File number assigned by the Secretary of State Coo 1467		
3.	Federal Employer Identification Number (F.E.I.N.) 36-3486898		
4	Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in		
5.	State of jurisdiction:		
6	The application for reinstatement is to return the limited partners' in to good standing: (Check and complete where appropriate)		
	🗶 a) \$100 for one. \$200 or two – failure to file the renewal report(s) before the anniversary date.		
	\$100 for one \$200 for two – failure to file the renewal report(s) within 90 days after the anniversary date. Defaulte penalty.		
	(Frior 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.		
	Other (specify) a) Failure to submit Certificate of Good Standing and/or Certificate of Existence TRAN 3024 12/16/93 10:48:00 b) Failure to renew required assumed name.		
	Penalty of \$100 for each delinquency checked in item number 6 (a through e above).		
	The penalty amount is \$ 500. (ENTER ABOVE)		

This application must be accompanied by all delinquent reports and/or documents together with the filing fees and penalties required AFTER FECORDING RETURN TO:

(SVer)

INSTRUMENT PREPARED DY. JAMES T. BUCHHOLZ 35 E. WACKER DR., #1300 CHICAGO, ILLINOIS 60601

UNOFFICIAL COPY

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

Rifa Status - General Partner	
(Type or print name and little)	
(Name of General Partner if a corporation or o	ther entity)
(Signature must be in ink on an original document. C conformed copies.)	arbon copy, photocopy or rubber stamp signatures may only be used on $\mathbb{R}^{\frac{1}{2}}$
FORMS OF PAYMENT:	RETURN TO:
Payment must be moute by certified check.	Secretary of State
cashier's check, Illinois attorney's check,	Department of Business Services
Illinois C.P.A.'s check or money order,	Limited Partnership Division
payable to "Secretary of State."	Room 357, Howlett Building Springfield, Illinois 62756
DO NOT SEND CASH!	Telephone. (217) 785-8960
	Springfield, Illinois 62756 Telephone. (217) 785-8960