Form LP 1110 (Rov. January 1994)

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100

PENALTY AMOUNT (#6) \$/00 TOTAL \$.200

PLUS +

SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP **APPLICATION FOR ADMISSION**

0005743 5051L 11/10/94 100.00 NP 0000069751 FILED 100,00 NN 0000069750 FILED OFFICE USE ONL C002743 SUSIL 11/10/94

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a salf-eddressed anvelope with prepaid postage is included.

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-	. 0EPT-01 RECORDING T-00000 TRAN 0425 12/29/94 15:4
F	File number assigned by the Secretary of State: C005743 15:4 COUNTY RECERDER
F	Federal Employer Identification Number (F.E.I.N.): 36-3727768
	Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in linois:
8	State of jurisdiction: Illinois .
	The application for reinstatement is to return the limited partnership to good standing: (Check and complete where ppropriate)
3	x a) \$100 for one, \$200 for two, \$300 for three - failure to file the renewal report(s) before the anniversary date.
_	date. Default penalty.
-	
_	date. Default penalty. c) \$100 for failure to file a "Certificate to be Governed" in the specified time allowed. (Prior to 1/12/2007) d) \$100 for failure to maintain a registered agent in this state as required.
_	c) \$100 for failure to file a "Certificate to be Governed" in the specified time allowed. (Prior to 1728-0070d) \$100 for failure to maintain a registered agent in this state as requirede) \$100 for failure to report a FEIN within 180 days after filing the initial document with the Socretary of State.
	date. Default penalty. c) \$100 for failure to file a "Certificate to be Governed" in the specified time allowed. (Prior to 1/12/2007) d) \$100 for failure to maintain a registered agent in this state as required.
	date. Default penalty.
_	date. Default penalty.
	date. Default penalty.

(over)

CLP-17.3

required.

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

The original application for reinstatement most be signed by at least one general p	artner.
(Signature)	
David Carmell, President	
(Type or print name and title)	
Apex Automotive Management Corp.	
(Name of General Partner if a corporation or other entity)	

(Signature must be in 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 Sizte."

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

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Katten Muchin & Zavis 525 W. MONROE ST. SUITE 1600 CHICAGO, ILLINOIS 60561-3693

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