## **UNOFFICIAL COPY**

LPR304/26/04:01:4992: 200.00 MU SOSIL LPR304/26/04:01:4993: 100.00 MU SOSIL SO00956 FILED HP

Form LP 1110 (Rev. July 2003)

SUBMIT IN DUPLICATE!

REINSTATEMENT
FEE-----\$200
PLUS PENALTY
AMOUNT (#6) + \_\_\_\_100
TOTAL \$\_\_\_300



Doc#: 0413234002 Eugene "Gene" Moore Fee: \$26,00 Cook County Recorder of Deeds Date: 05/11/2004 09:38 AM Pg: 1 of 2

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope <u>with pre-paid postage</u> is included.

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

1.	Limited	partnership's name: BROWN BROT' ERS HARRIMAN & CO.				
		C				
		9/,				
2.	File number assigned by the Secretary of State: S000958					
^		15 1 11 115 11 11 15 15 13 13 19 73 74 5				
3.	redera	Employer Identification Number (F.E.I.N.): 134973745				
4.	Admitti	ng name, <b>foreign only</b> , or assumed name, if any, under which the limited partnership is transacting business in				
	minoso.	7/4				
5.	State o	f jurisdiction; Illinois				
6.	The ap	plication for reinstatement is to return the limited partnership to good standing: (Check and complete where riate)				
	<u>✔</u> 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 a <b>FEIN</b> within 180 days after filing the initial document with the Secretary of State.				
Pe	nalty of	\$100 for <b>each</b> delinquency checked in item number 6 (a through e above).				
Th	e <b>penal</b> i	y amount is: \$100.00 . (ENTER ON TOP OF FORM)				

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0413234002 Page: 2 of 2

## **UNOFFICIAL CO**

Form	LΡ	11	10
(Rev	July	20	003

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Reinstatement required but no additional penalty amount due:	LPR304/26/04:01:4993: SOSIL SO00956 FILED NP	100.00 MU
f) Other (enocifu)	· 1 11	

	ner (specify)
 _ a)	Failure to submit Certificate of Good Standing and/or Certificate of Existence.
b)	Failure to renew required assumed name.

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	April 15, 2004
Type or print name and titleJ. Borland, General Partner	
Name of General Partner if a corporat or cother entity	
(n us)t be in good standing)	

(Signature must be in BLACK INK on an original decument. 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, the. payable to "Secretary of State." DO NOT SEND CASH!

## **RETURN TO:**

Secretary of State Department of Business Services Limited Partnership Section Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960 http://www.ilsos.net