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(Rev. July 2003) 200.00 8 SUBMIT IN DUPLICATE! Doc#: 0425927027 Eugene "Gene" Moore Fee: \$26.00 Cook County Recorder of Deeds Date: 09/15/2004 10:55 AM Pg: 1 of 2 900 日 REINSTATEMENT ∐ FEE-----\$200 PLUS PENALTY LPR309/14/04:01 5051L AMOUNT (#6) + 260 TOTAL \$ 400 JESSE WHITE SECRETARY OF STATE All correspondence STATE OF ILLINOIS regarding this filing will be sent to the registered APPLICATION FOR REINSTATEMENT agent of the limited CERTIFICATE OF LIMITED PARTNERSHIP partnership unless a soli APPLICATION FOR ADMISSION addressed envelope vith pre-paid postage is included. Limited partnership's name: 551607 2. File number assigned by the Secretary of State: Federal Employer Identification Number (F.E.I.N.): 23-3003988 4. Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: Pennslyvania State of jurisdiction:\_\_\_ The application for reinstatement is to return the limited partnership to good standing. (Check and complete where appropriate) \$100 for each failure to file the renewal report(s) before the due date \$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. Penalty of \$100 for each delinquency checked in item number 6 (a through e above). RECORDING DESK

200 (ENTER ON TOP OF FORM)

BOX 170

The penalty amount is: \$\_

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## **UNOFFICIAL CO**

Form LP 1110

(Rev July 2003)

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.

This application must be accompanied by all delinquent reports and/or documents together with the filing fees and penalties

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.

Type or print name and title Sames w Porter, JR, CEC

Name of General Partner if a corporation of other entity Avonwood Capital Corporation GP

(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 attorney's check, Illinois C.P.A.'s check or money order, 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