UNOFFICIAL CO

呈 8.88 300.00 윷 LPR312/20/04:01:4794: SOSIL FILED

Form LP 1110 (Rev. July 2003)

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE-----\$200 PLUS PENALTY AMOUNT (#6) + _____ TOTAL \$_____

All correspondence

regarding this fing will

be sent to the registered agent of the limited

partnership unless a scif-

addressed envelope with



Doc#: 0503841167 Eugene "Gene" Moore Fee: \$26.50 Cook County Recorder of Deeds Date: 02/07/2005 12:02 PM Pg: 1 of 2

JESSE WHITE SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

L	<u>pre-paid postage</u> is included.				
1.	Limited partnership's name: INTEGRA FUND, t 7.				
	'C				
2.	File number assigned by the Secretary of State: S015044				
3.	Federal Employer Identification Number (F.E.I.N.): 36-4274615				
4. Admitting name, foreign only , or assumed name, if any, under which the limited partnership is transacting by Illinois: N/A					
	4,				
5.	State of jurisdiction: ILLINOIS				
6.	The application for reinstatement is to return the limited partnership to good standing: (Check and complete when appropriate)				
	a) \$100 for each failure to file the renewal report(s) before the due date				
	<u>✓</u> 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 FEIN within 180 days after filing the initial document with the Secretary of State.				
Pe	nalty of \$100 for each delinquency checked in item number 6 (a through e above).				
Th	e penalty amount is: \$100.00 . (ENTER ON TOP OF FORM)				

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Form LP 1110 (Rev. July 2003)

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Reinstatement required but no additional penalty amount due:

LPR312/20/04:01:4795: 300.00 MU

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		2021F	3013044 FILED	ML,	
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 required.

The undersigned affirms, under penalties of perjury, that the facts stated herein are true.	- X
The original application for reinstatement must be signed by at least one general partner.	137-175
Signature Cotton Market	017
Type or print name and title KFITH LASOTA, Manager of Inte	graGP,LLC-GPof.
Name of General Partner if a corporation or other entity <u>Integra Investment Manage</u>	•

Partnership

(must be in good standing)

(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 automey's check, Illinois C.P.A.'s check or money order, C/O/A/S O/F/CO payable to "Secretary of State." DO NOT SEND CASHI

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