



DO NOT STAPLE

Form LP 1110 July 2003

Reinstatement Fee: \$200
Penalty (#6) 400.00
Total \$ 600.00

Submit in duplicate. 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 State. Please do not send cash.

Department of Business Services Limited Partnership Division 357 Novelett Building Springfield, IL 62756 217-735-8960 www.cyber.lm.eillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

Doc#: 0713644070 Fee: \$26.00

Eugene "Gene" Moore

Cook County Recorder of Deeds Date: 05/16/2007 03:39 PM Pg: 1 of 2

Illinois Secretary of State Department of Business Services

Application for Reinstatement
Certificate of Limited Partnership
Application for Admission

Please type of print clearly.

1	Limited Partnership Name: Park Shore East Associates		
1.	Ellimica Farmo	0,	
2.	File Number assigned by Secretary of State: C004708		
3.	Federal Employer Identification Number (F.E.I.N): 36-3040036		
4.	Admitting Name, foreign only , or Assumed Name, if any, under which no Limited Partnership is transacting business in Illinois:		
	(less III lillinois.		
		$O_{x_{-}}$	
5.			
6.	and complete where appropriate)		
	a a) \$100	for each failure to file the renewal report(s) before the due date.	
	nana	for each failure to file the renewal report(s) within 90 days after the anniversary date (DEFAULT lty).	
	□ c) \$100	for each failure to file a Certificate to be Governed in the specified time allowed (prior to 1/1/90).	
	cr d) \$100) for each failure to maintain a registered agent in Illinois as required.	
	☐ e) \$100 of Sto) for each failure to report a FEIN within 180 days after filing the initial document with the Secretary ate.	
	Penalty of \$100 for each delinquency check in Item 6 (a through e above).		
	Penalty Amount \$ 400.00 (ENTER ON TOP OF FORM)		

0713644070 Page: 2 of 2

UNOFFICIAL COPY

Form LP 1110

Reinstatement re	quired but no additional penalty amount due:	
□ f) Othe	r (specify)	
	Failure to submit Certificate of Good Standing and/or Certificate of Existence.	
□ b) f	Failure to renew required assumed name.	
This application m u	st be accompanied by all delinquent reports and/or documents together with the filing fees	
and nanalties		
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.		
The original Applica	Leon D. Finney, Jr. President & Chairman	
Mon	Name & Title (type or print)	
	eSignative	
/ / \	Woodlawr Community Development Corporation, GP	
	General Forther Name if a corporation or other entity (must be in good standing)	

Signatures must be in black ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.