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Doc#: 0717639073 Fee: \$26.00
Eugene "Gene" Moore
Cook County Recorder of Deeds
Date: 08/25/2007 10:08 AM Pg: 1 of 2

DO NOT STAPLE

Form LP 1110
July 2003

Reinstatement Fee: \$200
Penalty (#6) \$100.0
Total \$ \$300.00

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 Howard Building
Springfield, IL 62756
217-785-8900
www.cyberdriveillinois.com

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

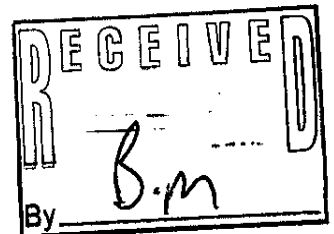
Illinois Secretary of State Department of Business Services Application for Reinstatement Certificate of Limited Partnership Application for Admission

Please type or print clearly.

- Limited Partnership Name: LIFELINE LIMITED NO. II
- File Number assigned by Secretary of State: S007083
- Federal Employer Identification Number (F.E.I.N.): 363487693
- Admitting Name, **foreign only**, or Assumed Name, if any, under which the Limited Partnership is transacting business in Illinois: _____
- State of jurisdiction: ILLINOIS
- The Application for Reinstatement is to return the Limited Partnership to good standing:** (check and complete where appropriate)
 - 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 (DEFAULT penalty).
 - c) \$100 for each failure to file a Certificate to be Governed in the specified time allowed (prior to 1/1/90).
 - d) \$100 for each failure to maintain a registered agent in Illinois as required.
 - e) \$100 for each failure to report a **FEIN** within 180 days after filing the initial document with the Secretary of State.

Penalty of \$100 for **each** delinquency check in Item 6 (a through e above).

Penalty Amount \$ 100.00 (ENTER ON TOP OF FORM)



DATE 4/19/07 FEE 300.00
SOSIL FILE NO. S007083
FILED BY: WAB

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Form LP 1110

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.



Signature

Allen Shapiro, President, National Health Assistance Corp

Name & Title (type or print)

National Health Assistance Corporation, General Partner

General Partner 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.