

UNOFFICIAL COPY

LP 1110
(10/90)

SECRETARY OF STATE
STATE OF ILLINOIS

2 91415201

006333 SOSIL 088617682 FILED

SUBMIT IN DUPLICATE

APPLICATION FOR REINSTATEMENT
TO THE CERTIFICATE OF LIMITED PARTNERSHIP
DOMESTIC OR FOREIGN

REINSTATEMENT FEE \$100.00

PENALTY AMOUNT \$ 100.00

Pursuant to the provisions of the Revised Uniform Limited Partnership Act,
the undersigned limited partnership hereby applies for reinstatement.

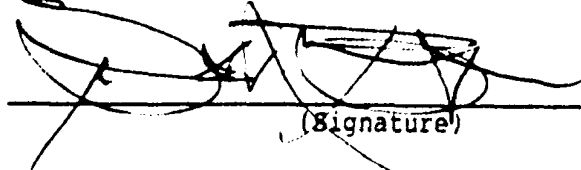
1. The limited partnership's true name is: The 2000 Lincoln Park West Limited Partnership
2. The limited partnership's file number is: C006333
3. The Federal Employer Identification Number (F.E.I.N.) is: 36-6477942
4. The admitting name or assumed name, if any, under which the limited partnership is transacting business in Illinois is: N/A
5. State of jurisdiction is: Illinois
6. The application for reinstatement is to return the limited partnership to good standing:
(Check and complete where appropriate)
 - a) For failure to file the biennial renewal report within 90 days after the anniversary date.
 - b) For failure to file a "Certificate to be Governed" in the specified time allowed. (prior 1/1/90)
 - c) For failure to maintain a registered agent in this state as required.
 - d) For failure to report a FEIN within 180 days after filing the initial document with the Secretary of State.
 - e) Other (specify)

7. Penalty of \$100.00 for each delinquency checked in item number 6 per Section 1109 (a)(b):
The total amount is: \$ 100.00

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)

Robert Berger, President

(Type or print Name and Title)

RECC Corporation II

(Name of General Partner if a corporation or other entity)

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FORM LP 1110

File No. _____

APPLICATION FOR REINSTATEMENT
TO THE CERTIFICATE OF
LIMITED PARTNERSHIP
(DOMESTIC OR FOREIGN)

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."

DO NOT SEND CASH!

All correspondence regarding this
filing will be sent to the
registered agent of the limited
partnership unless a self-addressed
envelope is included.

RETURN TO:

Secretary of State
Department of Business Services
Limited Partnership Division
Room 330 Centennial Building
Springfield, Illinois 62756
Telephone (217) 785-8960

RETURN TO: P 28

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SERIALIZED FILED
MAY 17 1981
FBI - SPRINGFIELD

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