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Form LP 1110 (Rev. August 1992)

SUBMIT IN DUPLICATE!

PENALTY AMOUNT (#6) \$

REINSTATEMENT FEE \$100

PLUS +

TOTAL

GEORGE H. RYAN 'SECRETARY OF STATE
STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

ONLY

OFFICE USE

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

| 1, | Limited partnership's name: Country Place Apartments - Maron, Limited Partnership |
|----|--|
| | DEPT-01 RECORDINGS |
| 2. | File number assigned by the Secretary of State: 8004753 . #1433 # ** *** *** *** *** *** *** *** *** |
| 3, | Federal Employer Identification Number (F.E.I.N.): 35-1842093 |
| 4. | Admitting name, foreign only, or assumed as me, if any, under which the limited partnership is transacting business in iffinois: |
| | Gountry Place Apartments Maron, This tool-Partnership. |
| 5. | State of jurisdiction: Indiana |
| | The application for reinstatement is to return the limited partnership to good standing: (Check and complete where appropriate) |
| | a) \$100 for one, \$200 for two - failure to file the renewal report(s) before the anniversary date. |
| | b) \$100 for one, \$200 for two – fallure to file the renewal report(s) within 90 days effect the anniversary date. Default penalty. |
| | c) \$100 for failure to file a "Certificate to be Governed" in the specified time allower. (Pylor to 1/1/90) |
| | d) \$100 for failure to maintain a registered agent in this state as required. |
| | X e) \$100 for fallure to report a FEIN within 180 days after filling the initial document with the Secretary of State. |
| | |
| | Penalty of \$100 for each delinquency checked in item number 6 (a through e above). |
| | The pensity amount is: \$_100.00 (ENTER ABOVE) |

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

\$ 23.50

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The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original application for reinstaurment must be signed by at least one general partner.

(Signature)
Stanley Herman, General Partner

(Type or print name and title)

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

(Signature must be in link 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, cashler's check, filliels attorney's check, tillinois C.P.A.'s check or money order, payable to "Secretary of State."

DO NOT SEND CASH!

RETURN TO:

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

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