Form LP 1110 (Rev. August 1992)

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100 PLUS + PENALTY AMOUNT (#6) 4 TOTAL

SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

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

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Amex Automotive Warehouse, L.P. Limited partnership s name C005743 File number assigned by the Secretary of State: 363727768 Federal Employer Identification Number (F.E.I.N.):\_ Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: \_ State of jurisdiction: The application for reinstatement is to return the limited partner thip to good standing: (Check and complete where appropriate) \$100 for one, \$200 for two - failure to file the renewal report(s) being the anniversary date. b) \$100 for one, \$200 for two - failure to file the renewal report(s) within 50 rays after the anniversary date. Default penalty. \$100 for failure to file a "Certificate to be Governed" in the specified time allowe a. (Prior to 1/1/90) \$100 for failure to maintain a registered agent in this state as required. \$100 for failure to report a FEIN within 180 days after filing the initial document with the Sccretary of State. Other (specify) a) Failure to submit Certificate of Good Standing and/or Certificate of Existence. CORDING \$23.50 b) Failure to renew required assumed name. T#3333 TRAN 9045 11/25/92 12:07:00 Penalty of \$100 for each delinquency checked in item number 6 (a through e above K COUNTY RECORDER The penalty amount is: (ENTER ABOVE)

(over)

CLP-17.1

required.

This application must be accompanied by all delinquent reports and/or documents together within fees and penalties

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UNOFFICIAL COPY	
The undersigned affirms, under penalties of perjury, that the	facts stated herein are true.
The original application to reinstatement most be signed by	at least one general partner.
(Signature) David L. Carmell, President	
(Type or print name and title)	
Abex Automotive Management Corp.  (Name of General Partner if a corporation or other entity)	
(Signature must be in ink on an original document. Carbon co conformed copies.)	py, photocopy or rubber stamp signatures may only be used on
Payment must be made by certified check, cashier's check, illinois C.P.A.'s check or money order, payable to "Secretary of Slatu"  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
Joseph Jarque	In Cannon E Zams Tomber E Zams Tomorroe St., 1600 Togo all bubble 1 Togo and bubble 1