

# UNOFFICIAL COPY

Form LP 1110  
(Rev. August 1992)

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

92934949

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100  
PLUS +  
PENALTY AMOUNT (#6) \$100  
TOTAL \$200

## APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

OFFICE USE ONLY

5002155 SOSIL 12/04/92  
100.00 NN 0000043570 FILED  
5002155 SOSIL 12/04/92  
100.00 NP 0000043571 FILED

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 name: ECR ENTERPRISES Limited Partnership

2. File number assigned by the Secretary of State: 5002155

3. Federal Employer Identification Number (F.E.I.N.): 363620906

4. Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: ECR ENTERPRISES

DEPT-01 RECORDING \$23.50  
T34444 TRAN 3594 12/11/92 13:15:00  
05407 \* 92-934949  
COOK COUNTY RECORDER

5. State of jurisdiction: ILLINOIS

6. The application for reinstatement is to return the limited partnership to good standing: (Check and complete where appropriate)

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- 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 - failure to file the renewal report(s) within 90 days after the anniversary date. Default penalty.
- c) \$100 for failure to file a "Certificate to be Governed" in the specified time allowed. (Prior to 1/1/90)
- d) \$100 for failure to maintain a registered agent in this state as required.
- e) \$100 for failure to report a FEIN within 180 days after filing the initial document with the Secretary of State.

- f) Other (specify)
  - a) Failure to submit Certificate of Good Standing and/or Certificate of Existence.
  - b) Failure to renew required assumed name.

Penalty of \$100 for each delinquency checked in item number 6 (a through e above).

The penalty amount is: \$ 200.00 (ENTER ABOVE)

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

23<sup>50</sup>/<sub>8</sub>

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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.

*Ellen C. Ryan*

(Signature)

*ELLEN C. RYAN* GENERAL PARTNER

(Type or print name and title)

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

(Signature must be in ink 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, cashier's check, Illinois attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

#### RETURN TO:

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

**DO NOT SEND CASH!**

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