## UNOFFIC GEORGE H. RYAN DALL AND DE

SECRETARY OF STATE STATE OF ILLINOIS

REINSTATEMENT FEE \$100 PLUS +

**BUBMIT IN DUPLICATE!** 

Form LP 1110 (Rev. Jan. 1001)

PENALTY AMOUNT (#6) \$290 TOTAL 100

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

OFFICE USE ONLY

0181-01 81 COROTTOS 423.00 1.8808 1808 44 00 03798777 11:00:00 1.787 145 44 00 03798777 11:00:00 COBR COONTY RECORDER

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All correspondence regarding this Ming will be sent to the registered agent of the limited partnership unless & self-addressed envelope with renald nostage la included.

1.	Limited partnership's name: 110 Divelopment Company		
2.	File number assigned by the Secretary of State: COOTTIB		
3.	Federal Employer Identification Number (F.F.I.N.): 36-3217842		
4.	4. Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in litinois:		
5.	State of jurisdiction: TLLINOIS		
6.	The application for reinstalement is to return the limited partners it? to good standing: (Check and complete whe appropriate)		
	(a) \$100 for failure to file the biennial renewal report within 90 days after the anniversary date.		
	b) \$100 for failure to file a "Certificate to be Governed" in the specified time air wed. (Prior to 1/1/90)		
	c) \$100 for failure to maintain a registered agent in this state as required.		
	d) \$100 for failure to report a FEIN within 180 days after filling the initial document with the Societary of State.		
	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 d above).		
	The penalty amount is: \$ 100.55 (ENTER ABOVE)		

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

23,00

## **UNOFFICIAL COPY**

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.			
Mamad H. Dawr			
Thomas H. Baun			
Thomas H. Saur. (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. Car conformed copies.)	bon copy, photocopy or rubber stamp signatures may only be used on		
FORMS OF PAYMENT:	RETURN TO:		
Payment must be made by certified check,	Secretary of State		
cashler's check, illinois attorney's check,	Department of Business Services		
Ifilnois C.P.A.'s check or money order, payable to "Secretary of State."	Limited Partnership Division  Room 330, Centennial Building		
	Coringiald Illinois 82756		
DO NOT SEND CASH!	Telephone: (217) 785-8960		
92145600 Ox Coo	Telephone: (217) 785-8960		