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GEORGE J. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

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

APPLICATION FOR REINSTATEMENT
CERTIFICATE OF LIMITED PARTNERSHIP
APPLICATION FOR ADMISSION

92378436

OFFICE USE ONLY

S000434 S0SIL 05/14/92
100.00 RS 0000012824 FILED
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100.00 RF 0000012824 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's name: C & H Associates, Ltd.

2. File number assigned by the Secretary of State: S000434

3. Federal Employer Identification Number (F.E.I.N.): 36-3545940

4. Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: DEPT-01 RECORDINGS \$23.00
T#7777 TRAN 5700 06/01/92 17101100
#4843 # *-92-378436
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)

- 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 allowed. (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 filing the initial document with the Secretary of State.
- e) 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: \$ 100.00 (ENTER ABOVE)

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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.

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



(Signature)

Morris Esformes

(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!

Property of Cook County Clerk's Office

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