Form LP 1:10 (Rev. San. 1991)

SUBJECT IN DUPLICATE!

REINSTATEMENT FEE \$100 FLUS . PENALTY AMOUNT (#6) \$ TOTAL \$ 196

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

SECRETARY OF STATE STATE OF ILLINOIS

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

ONLY OFFICE USE

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161 North Clark Street Limited Partnership Limited partnership's name: 2. File number assigned by the Secretary of State: _____C004857 3. Federal Employer Identification Number (F.E.I.N.): ___ 4. Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in 5. State of jurisdiction: Delaware 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 a lowed. (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) \$4543 \$ ____ b) Failure to renew required assumed name. x-92-392648 Penalty of \$100 for each delinquency checked in item number 6 (a through d above) 106/2 (16943) Ar CORDER \$______ (ENTER ABOYE) The penalty amount is:

92392648

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

required.

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The undersigned affirms, under penalties of perjury.	that the testedetected begin are loss 1
// 1/ // //	-
The original application (or reinstatement must be si	gned by appleast one general partner.
IVMay Yes	
(Signa are)	
(Type or print name and little)	
	Limited Partnership, as general partner:of
(Name of General Pariner if a corporation or of	herenally) 161 North Clark Street Limited Partnership
(Signature must be in ink on an original document. Ca conformed copies.)	arbon 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
cashier's check, Illinois altriney's check	Department of Business Services
Illinois C.P.A.'s check or money order, payable to "Secretary of State."	Limited Partnership Division Room 330, Centennial Building
payable to Secretary of Gray	
DO NOT SEND CASH!	Telephone: (217) 765-8969
Ope	Springfield, Illinois 62756 Telephone: (217) 765-8960
	204
	Colyp
	The Clarks Office
	Opp.
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