

93441203

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Form LP 1110  
(Rev. August 1992)

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100  
PLUS +  
PENALTY AMOUNT (#8) 100  
TOTAL 200

APPLICATION FOR REINSTATEMENT  
CERTIFICATE OF LIMITED PARTNERSHIP  
APPLICATION FOR ADMISSION

OFFICE USE ONLY

93441203  
66/10/90 11:58 9029005  
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All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with return postage is included.

1. Limited partnership's name: Preservation Income Fund, Limited Partnership
2. File number assigned by the Secretary of State: S005206
3. Federal Employer Identification Number (F.E.I.N.): 36-3742961
4. Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: \_\_\_\_\_
5. State of jurisdiction: \_\_\_\_\_
6. The application for reinstatement is to return the limited partnership to good standing: (Check and complete where appropriate)
  - 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 30 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: \$ 315.00 (ENTER ABOVE)  
100.00

DEPT-01 RECORDING 923.50  
TRAN 2561 06/11/93 10:10:00  
#7632 # 93-444203  
COOK COUNTY RECORDER

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

2250  
12

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.

*L. Karl Kittlaus*

(Signature)

L. Karl Kittlaus, 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**

95-44203

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