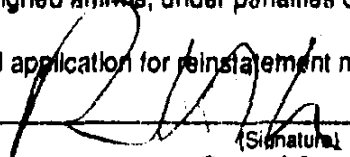


UNOFFICIAL COPY

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.



(Signature)

Richard C. Haskell, President of RCH NURSING CORP., LTD.

(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."

DO NOT SEND CASH!

RETURN TO:

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

66596936

66596936

RETURN TO: Box 340

KATZ RANDALL & WEINBERG

200 N. LA SALLE ST. 2200
CHICAGO, IL 60601

FILE No. 3614.00099 BDS

Property of Cook County Clerk's Office

UNOFFICIAL COPY

Form LP 1110
(Rev. August 1992)

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

93696895

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

0005027 SERIAL 08/09/93
100.00 BY 0000051859 FILED
0005027 SERIAL 08/09/93
100.00 BY 0000051900 FILED

93696895

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: Terracon Nursing Associates Limited Partnership

DEPT-01 RECORDING \$23.00
78222 GRAN 5819 09/01/93 11:22:00
\$9585 * -73-696895
COOK COUNTY RECORDER

2. File number assigned by the Secretary of State: C005027

3. Federal Employer Identification Number (E.I.N.): 36-3042353

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

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 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: \$ 100.00 (ENTER ABOVE)

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

2300
Bart

93696895