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Form LP 1110
(Rev. August 1990)

GEORGE H. RYAN
SECRETARY OF STATE
STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100
PLUS
PENALTY AMOUNT (\$0) 200
TOTAL \$300

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

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.

93698723

OFFICE USE ONLY

5001190 SCSIL 04/24/93
100.00 NN 0000048192 FILED
5001190 SCSIL 04/26/93
200.00 NF 0000048193 FILED

1. Limited partnership's name: Anglers Manor Associates Limited Partnership

2. File number assigned by the Secretary of State: 5001190

3. Federal Employer Identification Number (F.E.I.N.): 521171861

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 allow (d.) 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: \$ 200.00 (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.

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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.

By: The National Housing Partnership,
General Partner
(Signature) By: National Corporation for Housing
Partnerships, its sole General
(Type or print name and title) Partner
By: *Richard C. Smith*
(Name of General Partner if a corporation or other entity) Asst. Secretary

(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) 785-8900

93CS8723
RETURN TO:
CLERK'S OFFICE HALL
1000 MONTGOMERY AVE., NW #430
WASHINGTON, DC 20005
200-543-4512

Property of Cook County Clerk's Office