

# UNOFFICIAL COPY

Form LP 1110  
(Rev August 1992)

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100  
PLUS  
PENALTY AMOUNT (#6) \$100 200  
TOTAL \$200 300

APPLICATION FOR REINSTATEMENT  
CERTIFICATE OF LIMITED PARTNERSHIP  
APPLICATION FOR ADMISSION

OFFICE USE ONLY

93214100  
100.00  
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100.00  
93214100  
100.00

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.

**93214100**

- Limited partnership's name: LEAWOOD APARTMENTS COMPANY, DEPT-01 RECORDING 123.50  
145555 TRAN 9857 02/23/93 09:23:00  
40996 \*--93--214100  
COOK COUNTY RECORDER
- File number assigned by the Secretary of State: 8002389
- Federal Employer Identification Number (F.E.I.N.): 95-3238560
- Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: \_\_\_\_\_
- State of jurisdiction: Illinois
- 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.

**93214100**

Penalty of \$100 for each delinquency checked in item number 6 (a through e above).

The penalty amount is: \$ 100.00 (ENTER ABOVE)  
200

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

23.50

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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.

*Patrick D. Quinn*

(Signature)  
Patrick D. Quinn, Vice President

(Type or print name and title)  
WESTPORT HOUSING CORPORATION, G.P.

(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

93214100

Property of Cook County Clerk's Office

*Handwritten signatures and scribbles*

*Mail To*

Chicago Community Development Corp  
ATTN: Anthony Fusio  
343 South Dearborn - Suite 1110  
CHI. IL. 60604