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(Rev. January 1	1994)		RETARY OF STATE	1	(1) (4 (1) (1) (4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
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REINSTATEME	-	APPLICATIO	N FOR REINSTAT	EMENT	2775 2775 6302 6302 6000
PENALTY AMO	PLUS +		OF LIMITED PART		20 No. 1
	TOTAL \$300	APPLICA	tion for admiss	sion 945.1	381# 78 8€
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3. Federal E	Employer Identificat	ion Number (*EN.):	36-3801	47 5	· · · · · · · · · · · · · · · · · · ·
4. Admitting	ı name, forelgn onl	iy, or assumed name,	if any, under which	the limited partners	hip is transacting business in
Illinois:	14.			****	
	NIA				
 ,		7/	<i>i</i> O, ,		94549314
5. State of j	jurisdiction:	7/10012			
6. The appli appropria		ement is to return the	limited partnershi	to good standing	; (Check and complete where
Xa) (6	100 for one) \$200 f	or two. \$300 for three	- failure to file the n	enewal (sport(s) be	fore the anniversary date.
· -					90 days after the anniversary
	ate. Default penalty		idiiule to the the tent	swai iepojika miami	55 days after the artifiversary
c) \$	100 for failure to file	e a "Certificate to be G	overned" in the spe	cified time allowed	(Prior to 1/1/90)
d) \$	100 for failure to ma	aintain a registered ag	ent in this state as r	equired.	1/5
e) \$	100 for failure to rep	port a FEIN within 180	days after filing the	initial document wi	th the Secretary of State.
Poiss	datament required t	out no additional penal	the amount due:	. DEPT-01 R	ECORDING \$23.50
neins	statement required t	ot no additional penal	ity amount due.	. T#7777 T	RAN 3497 06/22/94 14:07:00
f) O	ther (specify)		•		DW *-タ4-549844 OUNTY RECORDER
	•	Certificate of Good St	•	ficate of Existence.	anii i ii anii ali
b) Failure to renew	required assumed nar	ne.		•
Penalty of	f \$100 for each deli	inquency checked in it	em number 6 (a thn	ough e above).	050
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The undersigned affirms, under penalties of perjury, that the facts stated herein are true.

The original application for reinstalement must be signed by at least one general partner. **RESIDENT OF GENERAL PARTNER - LARRY SIECEL **Crype of print name and title)* **ENTERTINIMENT MANAGEMENT CORPORATION, INC (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 to conformed copies.) **FORMS OF PAYMENT:** Payment must be managely certified check, Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 **DO NOT SEND CASHI** **Total Carbon Copy of State Carbon Copy of Carbon C			
Signature PARTIER - LARRY SIEGE	The original application for reinstatement must be signed	by at least one general partner.	
## Comparison of Control of Partners Partners Comparison Compari	James neigh		દર્શ
(Signature must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used to conformed copies.) FORMS OF PAYMENT: Payment must be medally certified check, cashier's check, Illinois anomey's check, Illinois C.P.A.'s check or runney order, payable to "Secretary of State." DO NOT SEND CASHI RETURN TO: Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960	PRESIDENT OF GENERAL PARTNER.	- LARRY SIEGEL	i Air
(Signature must be in ink on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used to 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 CASHI RETURN TO: Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960	Fireernial MEDIT MALIA (CONTROLLE)	DRADE ATION THE	
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