Form LP 1110 (Rev. January 1994)

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UNOFFICIA 94567549 george H.

CIAL COPY

SECRETARY OF STATE
STATE OF ILLINOIS

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

C001394 SCSIL 05/17/94 100.00 .NN 0000042465 FILED C004386 SGSILGO8642486 FILED

All correspondence regarding this filling will be sent to the registered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

Limit	ted partnership's name: GENERAL PILSU	DSKI & ASSOCIATES	
	Q _A		
File	number assigned by the Secretary of State:	C001394	91567549
Fede	:(.N.I. Co. 144 anidemojassi inseenni 43ERa 1910. 1400 B. Wolf Boad. B'dg 100	363502467	
Adm Illino	itting narfie, teretgetti agribanti sumed na.na, i is:	if any, under which the l	lmited partnership is transacting business in
	5 10	<u>C</u>	
State	of jurisdiction:		
The a	application for reinstatement is to return the opriate)	limited partnership to	good standing: (Check and complete where
<u>X</u> 8	i) \$100 for one, \$200 for two, \$300 for three -	- fallure to file the renew	/ci report(s) before the anniversary date.
	 \$100 for one, \$200 for two, \$300 for three – f date. Default penalty. 		
0	s) \$100 for failure to file a "Certificate to be Go	overned" in the specified	d time allowed. (Prior to 1/1/90)
d			
е) \$100 for failure to report a FEIN within 180	•	
— — F	Reinstatement required but no additional penal	ty amount due:	· · · · · · · · · · · · · · · · · · ·
f) 	Other (specify) a) Failure to submit Certificate of Good St b) Failure to renew required assumed nan		e of Existence.
Pena	Ity of \$100 for each delinquency checked in ite	em number 6 (a through	10 DEPT-01 RECORDING \$23. 10 ADOUB TRAN 6639 06/29/94 10:13:06
The p	penalty amount is: \$_100_00 (ENT	ER ABOVE)	. #2676 # JB #-94-56754 . COOK COUNTY RECORDER

C LP-17.3

required.

(over)

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

The original application for reprelatement must be signed by at least one general partner.

SCOTT F. STERNFIELD, Secretary

(Type or print name and title)

(Name of General Partner if a corporation or other entity)

(Signature must be in link 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 attended a check, Illinois C.P.A.'s check or money order, payable to "Secretary of State."

41.1

DO NOT SEND CASH!

RETURN TO:

Department of Business Services
Limited Partnership Division
Room 857, Howlett Building
Springfield, Illinois 62756
Lalephone: (217) 785-8960

JOSEPH FRIED AND ASSOCIATER, INC 1400 S. Wolf Road, Bidg. 100 Minesias, Massis 60000

-OUNT CLOPT'S OFFICE

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