Form LP 1110 (Rev. January 1994)

## BECRETARY OF STATE STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

PENALTY AMOUNT (M) \$100 TOTAL \$100 APPLICATION FOR REINSTATEMENT
CEPTIFICATE OF LIMITED PARTNERSHIP
APPLICATION FOR ADMISSION

All percependence regarding this filling will be sent to the registered agent of the limited perturbation unless a cell-addressed envelope with grapaid mestage is included.

	1	
~	l ,,	
;	1	6 27
2	1 .	
X	1 i	144
v	1	11.0
SE ON		1,1
77		
Ψ,		
3	' '	
	J ''!	
w	in an	11.7
Ü	1 0	* A
7	, ,	177 1
HO	7 74	, ~
4		1/2
0		
•	J - C:	4.
	13.5	, 1
	( ) 2	4
	-71	
		.,,
		63
	• ,	
	•	
	تك دن	

1.	Limited partnership's rame:	Country Plac	Apartmenta - Argenta, Limit	ed Partnership			
2.	File number assigned by the Sec	ratary of State:	5001011	a a committee and the second and the			
3.	Federal Employer Identification N	lumour (F.E.I.N.):	351740607	and the state of t			
4.	Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in						
	n/a	7					
5.	State of jurisdiction:						
6.			ted partner chip to good standing: (C	) , heck and complete where	9471		
	<u>X</u> a) \$100 for one, \$200 for tw	o, \$300 for th <b>ree</b> – fai	ure to file the recewal report(s) before	the anniversary date.	71863		
	b) \$100 for one, \$200 for two date. Default penalty.	, \$300 for three failu	e to file the renewal report(s) within 90 o	days after the anniversary (	3 <b>9</b>		
	c) \$100 for failure to file a *C	Certificate to be Gover	ned" in the specified time allowed. (Pri	or to 1/1/90)			
	d) \$100 for failure to maintai	n a registered agent i	this state as required.	K.			
	e) \$100 for failure to report a	FEIN within 160 day	safter filing the initial document with the	e Secretary of State.			
	Reinstatement required but no	additional penalty as	nount due:		•		
	f) Other (specify)						
	a) Failure to submit Cert b) Failure to renew requi		ng and/or Certificate of Existence.	( **			
ļ	Penalty of \$100 for each dalinque	ncy checked in item n	umber 6 (a through ਫ਼ ਸ਼ <b>ਰਿਆਰ)</b> -81 ਲ੬ co		3.50		
•	The penalty amount is: \$1	00 (ENTER 9	M1100 # .J.	-			

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

33db2

## **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)
Stabley Hermer (General Partner
(Type or post name and title)
(Name of Gorden) Barby is a comprehen of other anthri

(Signature must be in ink on an original unitument. 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 357, Howlett Building
Springfield, Illinois 62756
Telephone; (217) 785-8960