Form LP 1110 (Rev August 1992)

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100 PLUS + PENALTY AMOUNT (#4) & HE TOTAL \$100

will be sent in the regi il of the limited partnership uns a self-addressed envelops <u>with</u> Lacatage to Included.

pendence regarding this

SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

DFFICE USE ONE

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Country Place Apartments - Moweaque, Limited Partnership Limited partnership's flame: 5001016 2. File number assigned by the Secretary of State: _____ Federal Employer Identification Number (F.E.I.N.): 351740608 4. Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: . N/A 5. State of jurisdiction: Indiana

6. The application for reinstatement is to return the ilmited partnorphip to good standing: (Check and complete where appropriate) x a) \$100 for one, \$200 for two - failure to file the renewal report(s) percent 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 fallure 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 filling 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) Fallure to renew required assumed name. Penalty of \$100 for each delinquency checked in Item number 6 (a through e above).

This application must be accompanied by all delinquent reports and/or documents together with the tiling fees and penalties required. DEPT-01 RECORDING **\$23.50**

_. (ENTER ABOVE)

\$ 100

THBBBB TRAN 9929 98/12/94 10:59:00

#1103 # JB *-94-718042

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COOK COUNTY RECORDER

CLP-17 E

The penalty amount is:

(over)

JNOFFICIA The undersigned attirms, under penalties of perjury, that the facts stated herein are tree

The original application for reinstatement must be signed by at least one general partner Stanley Perman, General Factner (Type or print name and title) (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.) OF PAY.

It must be made.

It is check, filmele alic.

It is check for mo.

Die to "Secretary of State"

DO NOT SEND CASHU

OF COMMENT OF THE COMMENT OF THE

FORMS OF PAYMENT:

Payment must be made by cartified check cashier's check, filmo a attorney's check. Illinois C.P.A.'s check or money order, payable to "Secretary of State"

RETURN TO: