

# UNOFFICIAL COPY 94736173

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  
TOTAL \$200

## APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

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.

94736173

OFFICE USE ONLY

FILED 6/25/94 09:02 AM '94  
100.00 MN 00005559 FILED  
2011-06-25 09:00 AM '11  
100.00 MN 00005559 FILED

1. Limited partnership's name: Summit Partners

2. File number assigned by the Secretary of State: S001421

3. Federal Employer Identification Number (F.E.I.N.): 363360547

4. Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: \_\_\_\_\_

5. State of jurisdiction: Illinois

6. 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.

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

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

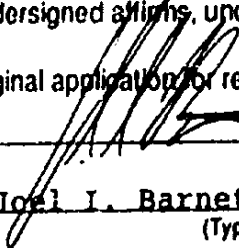
This application must be accompanied by all delinquent reports and/or documents together with the filing fees and penalties required.

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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.

  
\_\_\_\_\_  
(Signature)

Joel I. Barnett, General Partner  
(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.)

### 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



Barry R. Katz  
Deutsch, Levy & Engel  
225 W. Washington #1700  
Chicago, IL 60610

DEPT-01 RECORDING \$23.50  
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COOK COUNTY RECORDER

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