

UNOFFICIAL COPY

Form LP 1,10  
(Rev August 1992)

GEORGE H. RYAN  
SECRETARY OF STATE  
STATE OF ILLINOIS

SUBMIT IN DUPLICATE!

REINSTATEMENT FEE \$100  
PLUS +  
PENALTY AMOUNT (#6) \$200  
TOTAL \$300

APPLICATION FOR REINSTATEMENT  
CERTIFICATE OF LIMITED PARTNERSHIP  
APPLICATION FOR ADMISSION

OFFICE USE ONLY

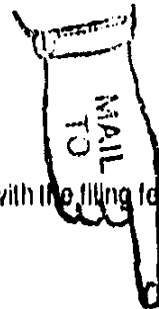
All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-addressed envelope with prepaid postage is included.

- Limited partnership's name: The National Housing Partnership
- File number assigned by the Secretary of State: 5003335
- Federal Employer Identification Number (F.E.I.N.): 52-6102308
- Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: The National Housing Partnership Limited Partnership
- State of jurisdiction: District of Columbia
- 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: \$ 300.00 (ENTER ABOVE)  
200.00

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



Box 314

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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.

*Mildred C. Banks*  
\_\_\_\_\_  
(Signature)

*Mildred C. Banks, Assistant Secretary*  
\_\_\_\_\_  
(Type or print name and title)

*National Corporation for Housing Partnerships*  
\_\_\_\_\_  
(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

94001306

. DEPT-07 RECORDING 823.00  
. T90013 TRAN 2602 01/28/94 15:51:00  
. 74818 \* -94-097406  
. COOK COUNTY RECORDER

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