3005170 SUSIL 03/27/95 100.00 NN 0000074936 FILED

FOR LINOFFICIAL COPY

(Rev. Jan. 1995)

SUBMIT IN DUPLICATE!

95547111

REINSTATEMENT
FEE---------\$100
PLUS PENALTY
AMOUNT (#6) + 1/5
TOTAL \$215

. DEPT-01 RECORDING

\$23.00

- . T46666 TRAN 8310 08/18/95 11:52:00
- . +3963 + LC *-95-547111
- COOK COUNTY RECORDER

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

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

1	Limited partnership's name: RN Realty. A Limited Partnership
••	CHICAGO PORTIONO TRANSPORTA
2.	File number assigned by the Secretary of State: \$0002770
Э.	Federal Employer Identification Number (F.E.I.N.): 36-3765436
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: Illinois
6.	The application for reinstatement is to return the limited partnership to good standing: (Chack and complete where appropriate)
	a) \$100 for one, \$200 for two, \$300 for three, \$400 for four failure to file the renewal report(s) before the due date
	5) \$100 for one, \$200 for two, \$300 for three, \$400 for four failure to file the renewal report(s) within 90 days after the anniversary date. The 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.
	Reinstatement required but no additional penalty amount due: PLEASE RETURN RECORDED DOCUMENT TO BOX NO. 341
	b) Failure to renew required assumed name.

Form LP LINOFFICIAL COPY

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

The penalty amount is: \$ _/DD, _. (ENTER ABOVE)

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

The undersigned affirms, under penalties of perjury, that the facts stated herein are true. The original application for reinstatement flust be signed by at least one general partner. Rabman, President, Renaissance Realty Corp., General Partner Type or print name and title

Name of General Partner if a corporation or other entity Renaissance Realty Corp.

(Signature must be in BLOCK 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, l'incis attorney's check, Illinois C.P.A.'s check or money order, payable to "Secretary of State." DO NOT SEND CASHI C/C/A/S O/F/CO

RETURN TO:

L 03/27/95

FILED

Secretary of State Department of Business Services Limited Partnership Division Room 357, Howlett Building Springfield, Illinois 62756 Telephone: (217) 785-8960