UNOFFICIAL COPY

Form LP 1110 (Rev. Jan. 1395)

96978754

2000 2009 . 95 SUBMIT IN DUPLICATE! 570 12/04/96 5 000002×492 **REINSTATEMENT** FEE-----\$100 PLUS PENALTY

AMOUNT (#6) + 600.00 36378754 TOTAL \$700.00

DEPT-01 RECORDING

\$23.50

T#0003 TRAN 1095 12/30/96 13:04:00

\$1040 \$ LM *-96-978754

COOK COUNTY RECORDER

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a saltaddressed envelope with pre-paid postage is

GEORGE H. RYAN SECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR REINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

_	included.
1.	Limited partnership's name: Cambridge Associates Limited Partnership
2	File number assigned by the Secretary of State: S 003110
3.	Federal Employer Identification Number (F.E.I.N.): 36-3688479
4.	Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois:
	'0
ξ.	State of jurisdiction: Illinois
€1.	The application for reinstatement is to return the limited partnership to good standing: (Chrick and complete where appropriate)
	3 a) \$100 for one, \$200 for two, \$300 for three, \$400 for four failure to file the renewal report(s) before the due date
	3 b) \$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:
C L	f) Other (specify) a) Failure to submit Certificate of Good Standing and/or Certificate of Existence b) Failure to renew required assumed name. P-17.4

Form LINOFFICIAL COPY (Rev. Jan. 1995)

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

The penalty amount is: \$ 600.00 (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 lacts stated herein are true.

The original application for reinstatement must be signed by at least and general partner.

Signature

Type or print ne and title _ Jack Nortman, President

Name of Someral Partner if a corporation or other entity ____Somerset Park Inc.

(Signature must be in aLACK 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 OK. COTA'S OFFICE order, payable to "Secretary of State." DO NOT SEND CASI

RETURN TO:

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

Daniel R. Ansani 1911 W. Peterson, Suite 202 Park Lidge, 12 60068