UNOFFICIAL COPY

Form LP 1110 (Rev. Jan. 1995)

96979761

SUBMIT IN DUPLICATE!

44 5000044172

C LP-17.4

. DEPT-01 RECORDING

\$23.50

- . T#6666 TRAN 5891 12/30/96 15:25:00
- \$8266 \$ IR *-96-979761
- . COOK COUNTY RECORDER

All correspondence regarding this riving will be sent to the registered agent of the limiter partnership unless a self-addressed envelope witt 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: S&H Limited Factnership
	C
2.	File number assigned by the Secretary of State:C008227
3.	Federal Employer Identification Number (F.E.I.N.): 36~3988928
4.	Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois:N/A
	7,0
5.	State of jurisdiction: Illinois COCOTOTES
6.	The application for reinstatement is to return the limited partnership to good standing: (Check and complete where appropriate)
	X a) \$100 for one, \$200 for two, \$300 for three, \$400 for four failure to file the renewal report(s) before the due date
	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:
	f) Other (specify)
	a) Failure to submit Certificate of Good Standing and/or Certificate of Existence. b) Failure to renew required assumed name.

CBEB3 HN 0000099772 1

FORM LEUINOFFICIAL COPY (Rev. Jan. 1995)

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 filling fees and penalties required.

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_ Roger Sanchez, Vice President and Secretary

Name of Canaral Partner if a corporation or other entity ____ DenMar Development Corp., General

Partner

Type or print name and title _

(Signature must be in BLACK INK on an original document. Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copies.)

Cont's Office

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, l'innois attorney's gheck, Illinois C.P.A.'s check or money order, payable to "Secretary of State." DO NOT SEND CASHI

RETURN TO:

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

PETERHEREN

ZWWW. ASAMINY Y

500 E 1940

SAKAGO 3 6

*Athlings