## UNOFFICAMI25COPY

Form LP 1110 (Rev. Jan. 1995)

b) Failure to renew required assumed name.

C LP-17.4

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SUBMIT IN DUPLICATE! DEPT-U1 RECORDING T07777 TRAN 5517 06/27/97 15:31:00 +3711 + DR +-97-467025 COOK COUNTY RECORDER REINSTATEMENT ÷ 01 FEE-----\$100 **PLUS PENALTY** AMOUNT (#6) + \_\_\_ 7.007048 7.007048 TOTAL \$\_\_\_\_ 113 GEORGE H. RYAN All correspondence SECRETARY OF STATE regarding this thing will STATE OF ILLINOIS be sent to the registered agent of the limited APPLICATION FOR REINSTATEMENT partnership unless a self CERTIFICATE OF LIMITED PARTNERSHIP addressed envelope with APPLICATION FOR ADMISSION pre-paid postage is included. Limited partnership's name: 2. File number assigned by the Secretary of State: 500 7200 3. Federal Employer Identification Number (F.E.I.N.): 363586276 4. Admitting name, foreign only, or assumed name, if any, under which the linked partnership is transacting business in Illinois: \_\_\_\_ 5. State of jurisdiction: 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, \$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: 1350 M \_f) Other (specify) \_ a) Failure to submit Certificate of Good Standing and/or Certificate of Existence.

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

The penalty amount is: \$ 200,00. (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

signatures may only be used on conformed copies.)

Type or print name and title SCOTT OATS CONTROLLER ASST SEC

Name of General Puriner if a corporation or other entity Had Plus, Inc., a

Elimane Lorgoration (Signature must be in BLACK NK on an original document. Carbon copy, photocopy or rubber stamp

## FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, Illinois afterney's check, Illinois C.P.A.'s check or money Clart's Office order, payable to "Secretary of State." DO NOT SEND CASH!

## **RETURN TO:**

3007200 100.00

S402010000 NM 000010079797

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

Mr. Reger Marks
845 W Madison
Chicago, IL 60607