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Form LP 1110
(Rev. Jan. 1995)

97015671

SUBMIT IN DUPLICATE

REINSTATEMENT
FEE-----\$100
PLUS PENALTY
AMOUNT (56) = 200
TOTAL \$300

DEPT-01 RECORRING \$23.50
140003 1844 1794 01/08/97 14:50:00
42251 : L.P. * - 97-015671
COOK COUNTY RECORDER

COOK COUNTY CLERK'S OFFICE
100.00 AM 0000027394 FILED
500871715011 10/18/96
200.00 NP 0000097595 FILED

All correspondence regarding this filing will be sent to the registered agent of the limited partnership unless a self-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

- Limited partnership's name: Ashland Partners III Limited Partnership
- File number assigned by the Secretary of State: 521372
- Federal Employer Identification Number (E.I.N.): 845711000
- Admitting name foreign only or assumed name, if any, under which the partnership is transacting business in Illinois: _____
- State of organization: Illinois
- 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; are to file the renewal reports before the due date
 - b. \$100 for one, \$200 for two, \$300 for three, \$400 for four; are to file the renewal reports within 90 days after the anniversary date. The DEFAULT penalty.
 - c. \$100 for one are to file a Certificate of the Governor in the specified time allowed. (Priority 1.90)
 - d. \$100 for one are to maintain a registered agent in this state as required.
 - e. \$100 for one are to file a FEIN within 90 days after filing the initial document with the Secretary of State.

Reinstatement required paying additional penalty amount due

- Other: _____
- a. Failure to submit Certificate of Good Standing and Certificate of Existence
- b. Failure to renew required assumed name

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Form LP 110
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Penalty of \$100 for each delinquency checked in item number 6 (a through e above).

The penalty amount is: \$ 200 (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 must be signed by at least one general partner.

Signature _____

Mr. Drake

Type of firm name and title: Mark R. Drudow, Assistant Secretary

Name of General Partner if a corporation or other entity: Liskor International, Inc.

(Signature must be in **BLACK 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, Howett Building
Springfield, Illinois 62756
Telephone: (217) 785-6960

Leon Reichert
170N LaSalle
#406
Chicago, IL 60601

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