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Form LP 1110 (Rev. Jan. 1995)

SUBMIT IN DUPLICATE!

100.00

SOSIL 02/20/97

FILED

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NP 0000102713 FILED

DEPT-01 RECORDING \$23.50
T\$0004 TRAN 5000 02/28/97 11:13:00
\$3013 \$ LF \times -97-138770
COOK COUNTY RECORDER

97138770

All correspondence regarding the 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

	included.
1.	Limited partnership's name: 2720 North Paulina Limited Partnership
2.	File number assigned by the Secretary of State: C003189
3.	Federal Employer Identification Number (F.E.I.N.): 36-2947647
4.	Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois:
	Statement of the statem
	37760770
5.	State of jurisdiction: 1111no1s
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
	x 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:

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

(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.

SJR Corporation Signature < By: Type or print name and title Norton N. Gold, Assistant Secretary SJR Corporation Name of Ceneral Partner if a corporation or other entity ____

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

FORMS OF PAYMENT:

Payment must be made by certified check, cashier's check, (lin) is attorney's check, Illinois C.P.A.'s check or money The Clark's Office order, payable to "Secretary of State." DO NOT SEND CASH!

RETURN TO:

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

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