(Rev. Lat. 1986) OFFICIAL COPY

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SUBMIT IN DUPLICATE!

All correspondence regarding this filling will be sent to the limited agent of the limited partnership unless a self-addressed envelope with pre-paid postage is included.

b) Failure to renew required assumed name.

GEORGE H. RYAN BECRETARY OF STATE STATE OF ILLINOIS

APPLICATION FOR MEINSTATEMENT CERTIFICATE OF LIMITED PARTNERSHIP APPLICATION FOR ADMISSION

1. Limited partnership's name: Intergroup Mortgage Associates Limited Partnership Cr/04983 File number assigned by the Secretary of State: __ 36-3660946 3. Federal Employer Identification Number (F.E.I.N.); Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illingia: _ Illinois 5. State of jurisdiction: ___ 6. The application for relineusement is to return the ilmited partnership to good standing: (Cos/k 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) fieture the due date b) \$100 for one, \$200 for two, \$300 for three, \$400 for four fallure to file the renewal report(s) within 90 days after the anniversary date. The DEFAULT penalty. c) \$100 for failure to file a "Cartificate to be Governed" in the specified time allowed, (Prior to 1/1/80) ____ 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.

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CLP-17.4

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

Y I The penalty amount is:\$. (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

David Gimbel, Secretary Type or print name and title Name of Careral Partner if a corporation or other entity __Intergroup Financial Corporation

(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 Unit Clark's Office 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, Minols 62756 Telephone: (217) 755-8960