

SUBMIT IN DUPLICATE!

REINSTATEMENT
FEE-----\$100
PLUS PENALTY
AMOUNT (#6) + 100
TOTAL \$ 200

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

1 Limited partnership's name: Triangle View Associates

2 File number assigned by the Secretary of State: 5010502

3 Federal Employer Identification Number (F.E.I.N.): 36-344-2965

4 Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in Illinois: _____

5 State of jurisdiction: Illinois

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:

- f) Other (specify)
 - a) Failure to submit Certificate of Good Standing and/or Certificate of Existence.
 - b) Failure to renew required assumed name.

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

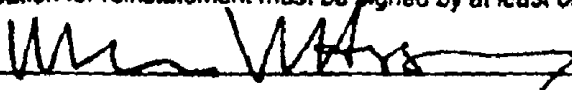
The penalty amount is: \$ 100.00 (ENTER ABOVE)

This application must be accompanied by all delinquent reports and/or documents together with the 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 _____



Type or print name and title WILLIAM W. HIGGINSON, PRESIDENT

Name of General Partner if a corporation or other entity Investment Management 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 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

Return to:
Holleb & Coff
Attn: _____
55 E. Monroe
Chicago, IL 60603