UNOFFICIAL COPPOSITION ON Page 1 of

1999-04-23 15:39:07

Cook County Recorder

25.50

Form LP 1110 (Rev. Jan. 1995)

00302520

C008341 SOSIL 04/16/99 100.00 RS 0000030546 FILED C008341 SOSIL 04/16/99 200.00 XF 0000030547 FILED SUBMIT IN DUPLICATE!

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

TOTAL \$ 300

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: SK Partners I Limited Partnership	
2.	. File number assigned by the Secretary of State:	C008341×
).		36-3876143
•	Admitting name, foreign only, or assumed name, if any, under which the limited partnership is transacting business in	
	State of jurisdiction: Illinois	0/%.
•	The application for reinstatement is to return the limited partnership to good standing: (Check 7.00 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	
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	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 in		er 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 ar b) Failure to renew required assumed name.	nd/or Certificate of Existence.

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Penaity 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 conalties required.

The undersigned a firms, under penalties of perjury, that the facts stated herein are true.

The original application to reinstatement must be signed by at least one general partner.

Signature Munay C. Lecture

Salvatore J. DiMucci

Name of General Partner if a corporation or other entity ______Marital Trust No. 15

(Signature must be in <u>BLACK INK</u> 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

UNOFFICIAL COPY Page 3 of 3

Property of Cook Course Clerk's Office

After Recording Return To:

RITA MILCAREK

LORD, BISSELL & BROOK 115 S. LaSalle Street Chicago, Illinois 60603