

**Form LP 810/906.5
January 2008**

Filing Fee: \$200

Submit in duplicate. 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.

Please do not send cash.

Department of Business Services
Limited Liability Division
501 S. Second St., Rm 357
Springfield, IL 62756
217-785-8960
www.cyberdriveillinois.com

Correspondence regarding this filing will be sent to the registered agent of the Limited Partnership unless a self-addressed, stamped envelope is included.

**Illinois Secretary of State
Department of Business Services
Application for Reinstatement**

Please type or print clearly.

1. Limited Partnership Name: _____

2. File Number assigned by Secretary of State: _____ Jurisdiction: _____

3. Federal Employer Identification Number (F.E.I.N.) _____

4. Date of Dissolution/Revocation: _____

5. Registered Agent: _____
Street Address

Registered Office: _____
City, State, ZIP, County

This application is accompanied by all amendments necessary to change existing information, all delinquent reports and information requirements, and all required fees.

I affirm, under penalties of perjury, having authority to sign hereto, that this reinstatement is to the best of my knowledge and belief, true, correct and complete. Must be signed by a General Partner on record.

Date (month, day, year)

Name & Title (type or print)

Signature

General Partner Name if a company or other entity

Signatures must be in BLACK INK on an original document.

Carbon copy, photocopy or rubber stamp signatures may only be used on conformed copy.