

Illinois Uniform Limited Partnership Act
Application for Reinstatement

FILE #:

This space for use by Secretary of State.

Secretary of State
Department of Business Services
Limited Liability Division
501 S. Second St., Rm. 357
Springfield, IL 62756
217-524-8008
www.cyberdriveillinois.com

SUBMIT IN DUPLICATE

Please type or print clearly.

This space for use by Secretary of State.

Filing Fee: \$200

Approved:

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

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.**

1. Limited Partnership Name: _____

2. Jurisdiction: _____

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

4. Date of Dissolution/Revocation: _____

5. Registered Agent: _____

Name

Registered Office: _____

Street Address

City, State, ZIP

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.**

Dated: _____
Month, Day Year

Signature

Name and Title (type or print)

General Partner Name if corporation 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.**