

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

Total 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.

Illinois
Uniform Limited Partnership Act
Application for Reinstatement

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Please type or print clearly.

Filing Fee: \$200

Approved:

1. Limited Partnership Name: _____

2. Jurisdiction: _____

3. Date of Dissolution/Revocation: _____

4. Registered Agent: _____
Name

Registered Office: _____
Street Address City, **IL** 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.**