

Form **UPA-1004**

October 2014

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, cashiers check, money order, IL attorney's check or IL C.P.A.'s check. If check is returned for any reason this filing will be void.

Illinois
Uniform Partnership Act
Application for Reinstatement

FILE #

This space for use by Secretary of State.

SUBMIT IN DUPLICATE

Type or Print Clearly.

Filing Fee: \$200

Approved:

1. Partnership Name: _____

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

3. State of Jurisdiction: _____

4. Date of Expiration: _____

5. Registered Agent: _____

Registered Office: _____ **IL** _____

Street Address

City

Zip

The undersigned declares, under penalties of perjury that the foregoing is true, correct and complete.

This form must be signed by a partner.

Dated: _____ 20____
Month, Day Year

Signature

Street Address

Name and Title (type or print)

City, Town

Partner Name if a Corporation or other Entity

State, Zip

NOTE: Do Not make changes on this form. Use form UPA 1001(h)/1102(g) and submit with a \$25 filing fee to report all changes.