

A94000000279

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A94000000279

1. Name of Limited Partnership

RELATED/ADVANCE CAPITAL, LTD.

2. Principal Office Address - No P.O. Box #
60 COLUMBUS CIRCLE

3. Mailing Office Address
60 COLUMBUS CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NEW YORK, NY

City & State
NEW YORK, NY

Zip
10023

Country
USA

Zip
10023

Country
USA

8. Name and Address of Current Registered Agent

Name
CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City
TALLAHASSEE

State
FL

Zip Code
32301-2525

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Troy Todd
(REGISTERED AGENT MUST SIGN)

Troy Todd
as its agent

DATE

3/28/2011

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
RAP FL, LLC SOLUTIONS-ROYAL, INC.	60 COLUMBUS CIRCLE 1108 KANE CONCOURSE SUITE, 307	NEW YORK, NY 10023 MIAMI, FL 33154	M03000003760 P94000017080
FF \$2,000			
REINSTATEMENT 2010 - 2011 - alt			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Mark Carbone

DATE

3/21/11

Typed or Printed Name of General Partner Signing Form

MARK CARBONE

Telephone Number (212) 801-3776



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 720316 4321791

AUTHORIZATION :

[Handwritten signature]

COST LIMIT : \$2000.00

ORDER DATE : March 24, 2011

ORDER TIME : 9:09 AM

ORDER NO. : 720316-005

CUSTOMER NO: 4321791

REINSTATEMENT

NAME: RELATED/ADVANCE CAPITAL, LTD.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____