

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
 DIVISION OF CORPORATIONS

FILED

2017 JUN -2 AM 9:20

FLORIDA DEPARTMENT OF STATE
 SECRETARY OF STATE

DOCUMENT # B95000000192

1. Name of Limited Partnership
 Independence Tax Credit Plus L.P. II

2. Principal Office Address - No P.O. Box #
 1225 17th Street

3. Mailing Office Address
 1225 17th Street

Suite, Apt. #, etc.
 STE 1400

Suite, Apt. #, etc.
 STE 1400

City & State
 Denver, Colorado

City & State
 Denver, Colorado

Zip Country
 80202 USA

Zip Country
 80202 USA

4. Date Formed or Registered To Do Business in Florida 05/30/1995

5. FEI Number 13-3646846 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
 CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
 1200 South Pine Island Road
 Suite, Apt. #, Etc.

7. FEES:
 Filing Fee(s): \$411.25 for each year due this office.
 Supplemental Fee(s): \$88.75 for each year due this office.
 Penalty Fee(s): \$500 for each year or part thereof if limited partnership revoked on our records.

E-mail Address:
 kenaya.camacho@aldentorch.com

E-Mail address to be used for future annual report notices.

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) Agnes S. Agnes Broszczak, Asst. Secretary DATE 05/30/2017
 (REGISTERED AGENT MUST SIGN)

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
Related Independence Associates, Limited Partnership	1225 17th Street, STE 1400	Denver, Colorado 80202	B95000000191
REINSTATEMENT			
JUN 02 2017 R. HUNT			

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 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE Please See Attached DATE 05/31/2017

Typed or Printed Name of General Partner Signing Form Related Independence Associates, Limited Partnership Telephone Number _____

Independence Tax Credit Plus L.P. II

By: Related Independence Associates, Limited Partnership, its general partner

By: Independence Associates GP, LLC, its general partner

By: Centerline Manager LLC, its manager

By: Centerline Affordable Housing Advisors LLC, its sole member

By: Centerline Capital Group LLC, its sole member

By:



Name: Alison Wadle

Title: Executive Vice President and Secretary

JUN 02 2017

R. HUNT

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date: 6/2/17
ACCT. I20160000072

Eric SW

Name:	Independence Tax Credit Plus.
Document #:	
Order #:	10510653

Certified Copy of Arts & Amend:			
Plain Copy:			
Certificate of Good Standing:			
Apostille/Notarial Certification:		Country of Destination:	
		Number of Certs:	

<u>Filing:</u>	<u>Certified:</u>
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 2052.50

Thank you!

JUN 02 2017

R. HUNT

