

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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LP/LLLP REINSTATEMENT

RELATED INDEPENDENCE ASSOCIATES III, LIMITED PARTNER

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # B 95000000193
 1. Name of Limited Partnership
RELATED INDEPENDENCE ASSOCIATES III L.P.

2. Principal Office Address - No P.O. Box # 625 MADISON AVE		3. Mailing Office Address 625 MADISON AVE	
Suite, Apt. #, etc. 5TH FLOOR		Suite, Apt. #, etc. 5TH FLOOR	
City & State NEW YORK NY		City & State NEW YORK NY	
Zip 	Country 	Zip 	Country

4. Date Formed or Registered To Do Business in Florida
5/3/1995

5. FEI Number
13-37512683

6. CERTIFICATE OF STATUS DESIRED \$8.75 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.

City
PLANTATION

State
FL

Zip Code
33324

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 limited partnership revoked on our records.
 A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1808, Florida Statutes, I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)  **Chris McNear** DATE **3/4/09**
(REGISTERED AGENT SIGNATURE)
Assistant Secretary

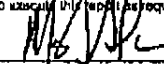
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10a. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10b. Registration Document Number
RELATED INDEPENDENCE ASSOCIATES III INC.	625 MADISON AVE	NEW YORK NY 10022	

REINSTATEMENT 06-09


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  DATE **1/23/09**
 Typed or Printed Name of General Partner Signing Form **RELATED INDEPENDENCE ASSOCIATES III INC.** Telephone Number **212-317-5200**