


**B9500000194**

141.25

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**  
01 DEC -3 PM 5:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>2001 LIMITED PARTNERSHIP REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Name of Limited Partnership B9500000194 Independence Tax Credit Plus L.P. III			
<b>2. Principal Office Address</b> /o The Related Companies, LP Suite, Apt. #, etc. 625 Madison Avenue, Legal City & State NY, NY Zip 10022		<b>3. Mailing Office Address</b> Ms. Lesley Benjamin Suite, Apt. #, etc. c.o The Related Companies, LI City & State 625 Madison Avenue, NY, NY Zip 10022	
<b>4. Date Formed or Registered To Do Business in Florida</b> 05/30/1995		<b>5. FEI Number</b> 133746339	
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status		<b>7a. Capital Contributions as shown on Record:</b> 1,378,754	
<b>7b. Amount of Capital Contributions in FLORIDA to date:</b> 0		<b>FEEES:</b> 1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
<b>8. Name and Address of Current Registered Agent</b> Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City Tallahassee			
State <b>FL</b>		Zip Code 32301	
<b>9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.</b> SIGNATURE (Registered Agent Accepting Appointment) <u>Laura R. Dunlap</u> <b>Laura R. Dunlap</b> as its agent DATE 11/7/01			
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>			
<b>10. Name(s) of General Partner(s)</b> Related Independence Associates : T.I.L.P.		<b>10a. Registration Document Number</b> 200004718832-9 -12/11/01--01059--008 ***282.50 ***141.25 B9500000194 AR - 52.50 ARSUPP 88.75	
Address of Each General Partner (Do NOT Use Post Office Box Numbers) 625 Madison Avenue		City, State and Zip Code NY, NY 10022	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>			
<b>11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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.</b>			
SIGNATURE <u>Alan P. Hirmes</u> Typed or Printed Name of General Partner Signing Form <b>Alan P. Hirmes, Vice President</b>		DATE 10/26/01 Telephone Number 212 421-5333	

CR60209 (9/00)

**2001 U.B.R.**



The Related Companies, L.P.  
625 Madison Avenue  
New York, New York 10022-1001  
212-421-5333 Fax 212-593-5794  
One Of The Related Companies

B95000000194 (2)

November 6<sup>th</sup>, 2001

Department of State  
Division of Corporations  
POB 6327  
Tallahassee, FL 32314

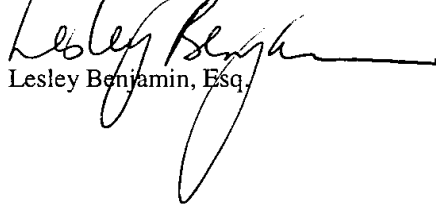
Re: Florida Reinstatements Filing

To whom it may concern:

During my phone conversation with a customer service representative, I was informed that the state may waive the late fees, if I include a letter with the reinstatements explaining that I never received the original annual reports because of an error in the companies' address. Therefore, enclosed are the Limited Partnership's and Corporation's Reinstatements.

If you have any questions, please feel free to contact me at the above number.

Sincerely yours,

  
Lesley Benjamin, Esq.

BK