PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 FEB 29 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E039 (1/07)

DOCUMENT # B95000000191

1. Name of Limited Partnership

Related Independence Associates, Limited Partnership

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
625 Madison Ave., 5th Floor	625 Madison Ave., 5th Floor
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York, NY	City & State: New York, NY
Zip: 10022 Country: USA	Zip: 10022 Country: USA

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

5. FEI Number: 13-3589919 ☐ Applied For ☐ Not Applicable

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☐ A $500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 620.1510 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) Claire Bu[redacted] DATE February 25, 2008
(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
Independence Associates GP LLC	625 Madison Ave., 5th Floor	New York, NY	M04000001488

REINSTATEMENT 07-08

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 [signature] DATE February 25, 2008

Typed or Printed Name of General Partner Signing Form: Robert L. Levy Telephone Number:

FLD72 - 1/17/07 CT System Online

Florida Department of State

Division of Corporations

Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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

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Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

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LP/LLLP REINSTATEMENT

RELATED INDEPENDENCE ASSOCIATES, LIMITED PARTNERSHIP

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$2,008.75

Electronic Filing Menu Corporate Filing Menu Help

March 7, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RELATED INDEPENDENCE ASSOCIATES, LIMITED PARTNERSHIP
C/O CHARTERMAC
625 MADISON AVENUE
NEW YORK, NY 10022

SUBJECT: RELATED INDEPENDENCE ASSOCIATES, LIMITED PARTNERSHIP
REF: B95000000191

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Regulatory Specialist II

FAX Aud. #:
Letter Number: 308A00014201

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08 MAR -7 AM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA