

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

CORPORATION <del>REINSTATEMENT</del>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000002141			
1. Corporation Name Related Independence Associates Inc.			
2. Principal Office Address c/o The Related Companies, LI Suite, Apt. #, etc. 625 Madison Avenue, legal dep City & State NY, NY Zip 10022		3. Mailing Office Address Lesley Benjamin Suite, Apt. #, etc. c/o The Related Companies, LI City & State 625 Madison Ave, NY, NY Zip 10022	
Country USA		Country USA	
4. Date Incorporated or Qualified To Do Business in Florida 05/02/1995		5. FEI Number 133589911	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. 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		300004685019--5 -11/16/01--01045--007 ***150.00 ***150.00 State FL Zip Code 32301	
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent <i>Laura R. Dunlap</i> Laura R. Dunlap as its agent Date 11/7/01			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V	Alan P Hirmes	625 Madison Ave	NY, NY 10022
S	Teresa Wicelinski	625 Madison Ave	NY, NY 10022
D	Michael Brenner	625 Madison Ave	NY, NY 10022
D	Stephen Ross	625 Madison Ave	NY, NY 10022
EVP	Stuart J Boesky	625 Madison Ave	NY, NY 10022
T	Glenn Hopps	625 Madison Avenue	NY, NY 10022
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE: <i>[Signature]</i>		10/26/01 212 421-5333	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



**The Related Companies, L.P.**  
625 Madison Avenue  
New York, New York 10022-1801  
212-421-5333 Fax 212-593-5794  
One Of The Related Companies

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

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

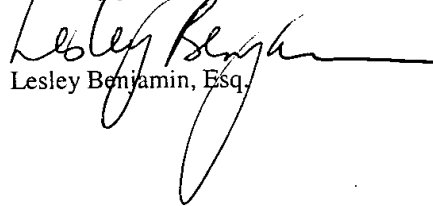
Re: Florida Reinstatements Filing

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.