

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F95000002141			
1. Corporation Name Related Independence Associates Inc.			
2. Principal Office Address - No P.O. Box # 625 Madison Ave., 5th Floor Suite, Apt. #, etc.		3. Mailing Office Address 625 Madison Ave., 5th Floor Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10022	Country USA	Zip 10022	Country USA
4. Date Incorporated or Qualified To Do Business in Florida May 2, 2005			
5. FEI Number 13-3589911		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED ☐ \$2.75 Additional Fee Required for a Certificate of Status			
☐ The reinstatement fee is imposed, 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 reinstatement fee be waived.			
7. 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
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.			
Signature of Registered Agent _____ Date _____ REGISTERED AGENT MUST SIGN			
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
Director	Marc D. Schnitzer	625 Madison Ave., 5th Floor	New York, NY 10022
VP	Stephen Roger	625 Madison Ave., 5th Floor	New York, NY 10022
CFO	Robert L. Levy	625 Madison Ave., 5th Floor	New York, NY 10022
VP	Brenda Abuaf	625 Madison Ave., 5th Floor	New York, NY 10022
Sec.	Steven A. Beede	625 Madison Ave., 5th Floor	New York, NY 10022
Tres.	Glenn Hopps	625 Madison Ave., 5th Floor	New York, 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 contained in Chapter 119, 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: <u>Robert L. Levy</u>		Robert L. Levy	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Feb. 22, 2008	
		Daytime Phone #	

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TALLAHASSEE, FLORIDA

Related Independence Associates Inc.

OFFICERS AND DIRECTORS:

Director -	Marc D. Schnitzer	625 Madison Avenue, New York, NY 10022
Secretary -	Steven A. Beede	625 Madison Avenue, New York, NY 10022
CFO, Director -	Robert Levy	625 Madison Avenue, New York, NY 10022
Pres. & CEO	Andrew J. Weil	625 Madison Avenue, New York, NY 10022
Treasurer	Glenn Hopps	625 Madison Avenue, New York, NY 10022
Vice President	Brenda Abuaf	625 Madison Avenue, New York, NY 10022
Vice President	Justin Ginsberg	625 Madison Avenue, New York, NY 10022
Vice President	Stephen Roger	625 Madison Avenue, New York, NY 10022
Asst. Secretary	John D'Amico	625 Madison Avenue, New York, NY 10022

Division of Corporations

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TALLAHASSEE, FLORIDA

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Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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CORPORATION REINSTATEMENT
RELATED INDEPENDENCE ASSOCIATES INC.

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