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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 DEC -3 PM 5:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA																													
DOCUMENT # 1. Corporation Name F95000002142 Related Independence Associates III Inc.																																	
2. Principal Office Address c/o The Related Companies LP Suite, Apt. #, etc. 625 Madison Avenue City & State NYNY Zip 10022		3. Mailing Office Address Attn: Lesley Benjamin Suite, Apt. #, etc. c/o The Related Companies, LP City & State 625 Madison Ave, NY NY Zip 10022		4. Date Incorporated or Qualified To Do Business in Florida 05/02/1995																													
				5. FEI Number 13-3751285																													
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status																													
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																																	
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 <u>Judith S. Blancett</u> Judith S. Blancett as its agent Date <u>11/20/01</u> REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)																																	
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Officers and/or Directors</th><th style="width: 30%;">Street Address of Each Officer and/or Director</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td>D</td><td>Stephen Ross</td><td>625 Madison Ave</td><td>NY, NY 10022</td></tr><tr><td>V</td><td>Alan P. Hirmes</td><td>625 Madison Ave</td><td>NY, NY 10022</td></tr><tr><td>S</td><td>Teresa Wicelinski</td><td>625 Madison Ave</td><td>NY, NY 10022</td></tr><tr><td>T</td><td>Glenn Hopps</td><td>625 Madison Ave</td><td>NY, NY 10022</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	Stephen Ross	625 Madison Ave	NY, NY 10022	V	Alan P. Hirmes	625 Madison Ave	NY, NY 10022	S	Teresa Wicelinski	625 Madison Ave	NY, NY 10022	T	Glenn Hopps	625 Madison Ave	NY, NY 10022								
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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: <u>[Signature]</u> 11/20/01 2124215333 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	

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