

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # M99000000508

03 DEC 23 PM 1:07

Name and Mailing Address

0015197 01 MB 0.309 **AUTO T7 0 0615 02109-177510



REALTY ASSOCIATES FUND III LLC
C/O TA ASSOCIATES REALTY
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109-1775

US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
DE

5. Date Organized or Qualified
To Do Business in Florida 04/06/1999

Principal Place of Business

C/O TA ASSOCIATES REALTY
28 STATE STREET, 10TH FLOOR
BOSTON MA 02109
US

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
04-3235872

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED V.P.

Date 12-19-2003

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	REALTY ASSOCIATES FUND III TRUST	28 STATE STREET, 10TH FLOOR	BOSTON MA 02109
			600025724226

REINSTATEMENT 2003

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]
SIGNATURE REQUIRED

Date 11/31/03

Daytime Phone # 617 476 2700

Typed or printed name of signing Managing Member/Manager Realty Associates Fund III Trust by Michael Ruane, Trustee

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)



M9900000508

ACCOUNT NO. : 072100000032

REFERENCE : 368660 4304937

AUTHORIZATION :

COST LIMIT : \$ 150.00

Patricia Pigute

ORDER DATE : December 19, 2003

ORDER TIME : 4:24 PM

ORDER NO. : 368660-005

CUSTOMER NO: 4304937

CUSTOMER: Anne T. Leland, Legal Asst
Mintz, Levin, Cohn, Ferris,
One Financial Center

Boston, MA 02111

REINSTATEMENT

NAME: REALTY ASSOCIATES FUND III LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS

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