Florida Department of State
Division of Corporations
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Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
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LIMITED LIABILITY REINSTATEMENT
PARK PLACE APARTMENTS ACQUISITION LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$238.75

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 OCT 17 AM 10:

DOCUMENT # L15000011897

1. Limited Liability Company's Name
Park Place Apartments Acquisition LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
822 A1A NORTH	822 A1A NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PONTE VEDRA, FL	City & State: PONTE VEDRA, FL
Zip: 32082 Country: USA	Zip: 32082 Country: USA

4. State/Country of Formation: FL/USA

5. Date Organized or Qualified To Do Business in Florida: 01/22/2015

6. FEI Number: 47-2875441 ☐ 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

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation, FL State: FL Zip Code: 33324

9. I being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Kristin Bolden Assistant Secretary Date: 10/10/2017
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AP	MENKES, LESLIE	822 A1A NORTH	PONTE VEDRA, FL 32082
AP	OLAFSON, BLAKE	822 A1A NORTH	PONTE VEDRA, FL 32082

11. E-mail Address: jeff@asiacapitalrealestate.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of 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 605.0112, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Date: Oct 17 2017 Daytime Phone #: +1904 899 3127

Typed or printed name of signing Authorized Representative/Manager: Blake Gordon Olafson

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OCT 17 2017

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