

10/17/2017

Division of Corporations

Florida Department of State
Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

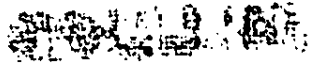
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**LIMITED LIABILITY REINSTATEMENT
PARK PLACE APARTMENTS ACQUISITION LLC**

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: 16 	
DOCUMENT # L15000011897 1. Limited Liability Company's Name Park Place Apartments Acquisition LLC					
2. Principal Office Address - No P.O. Box # 822 A1A NORTH Suite, Apt. #, etc.		3. Mailing Office Address 822 A1A NORTH Suite, Apt. #, etc.		4. State/Country of Formation FL/USA	
City & State PONTE VEDRA, FL		City & State PONTE VEDRA, FL		5. Date Organized or Qualified To Do Business in Florida 01/22/2015	
Zip 32082	Country USA	Zip 32082	Country USA	6. FFI Number 47-287544 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					
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 <u>Kristin Bolden</u> 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 Representative/Manager	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 <u>jeff@asiacapitalrealestate.com</u> (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 605.0012, 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 <u>Blake Gordon Olafson</u> Date <u>Oct 17 2017</u> Daytime Phone # <u>+1904 899 3127</u> Typed or printed name of signing Authorized Representative/Manager <u>Blake Gordon Olafson</u>					