PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 OCT 16 PM 4:46

DOCUMENT # L16000007651

1. Limited Liability Company's Name
Skyview Townhomes, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
822 A1A N HIGHWAY	822 A1A N HIGHWAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 310	SUITE 310
City & State	City & State
PONTE VEDRA, FL	PONTE VEDRA, FL
Zip / Country	Zip / Country
32082 / USA	32082 / USA

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified To Do Business in Florida
01/11/2016

6. FEI Number ☐ 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 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City	State	Zip Code
PLANTATION, FL	FL	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 — 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
Manager	ASIA CAPITAL REAL ESTATE PARTNERS II, LP	822 A1A N HIGHWAY, SUITE 310	PONTE VEDRA, FL 32082
	REINSTATEMENT		OCT 16 2017 R. HUNT

11. E-mail Address
(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: Jeff Goldstein — Date: 10/13/17 — Daytime Phone #: 954-629-0416

Typed or printed name of signing Authorized Representative/Manager: Jeff Goldstein

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

SKYVIEW TOWNHOMES, LLC

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OCT 16 2017

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