

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 OCT 16 PM 4:06

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DOCUMENT # L16000018356

1. Limited Liability Company's Name
Highland Vista, LLC

2. Principal Office Address - No P.O. Box #

822 A1A N HIGHWAY

Suite, Apt. #, etc.

SUITE 310

City & State

PONTE VEDRA, FL

Zip

32082

Country

USA

3. Mailing Office Address

822 A1A N HIGHWAY

Suite, Apt. #, etc.

SUITE 310

City & State

PONTE VEDRA, FL

Zip

32082

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

01/26/2013

6. FFI Number

Applied For

☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/14)

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

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*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/ 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 of 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

10/16/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**LIMITED LIABILITY REINSTATEMENT
HIGHLAND VISTA, LLC**

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

OCT 16 2017

R. HUNT