

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2017 OCT 16 PM 3:38

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DOCUMENT # L16000024741

1. Limited Liability Company's Name
Palms at Cortez, LLC

2. Principal Office Address - No P.O. Box #
822 A1A N HIGHWAY

3. Mailing Office Address
822 A1A N HIGHWAY

Suite, Apt. #, etc.
SUITE 310

Suite, Apt. #, etc.
SUITE 310

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
02/04/2013

6. FBI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$6.00 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
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
REGISTERED AGENT MUST SIGN

Date 10/10/2017

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
Manager	ASIA CAPITAL REAL ESTATE PARTNERS II, LP	822 A1A N. HIGHWAY, SUITE 310	PONTE VEDRA, FL 32082

REINSTATEMENT

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R. HUNT

11. E-mail Address

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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
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LIMITED LIABILITY REINSTATEMENT
PALMS AT CORTEZ, LLC

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

OCT 16 2017

R. HUNT