


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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1. Limited Liability Company's Name  
GOLD COAST MHP, LLC  
(GOLD COAST ASSOCIATES, LLC)

2. Principal Office Address <u>3333 MICHELSON DR</u> Suite, Apt. #, etc. <u>Suite 700</u> City & State <u>IRVINE, CA</u> Zip <u>92612</u> Country <u>USA</u>		3. Mailing Office Address <u>3333 MICHELSON DR</u> Suite, Apt. #, etc. <u>Suite 700</u> City & State <u>IRVINE, CA</u> Zip <u>92612</u> Country <u>USA</u>	
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4. State/Country of Formation <u>Florida, USA</u>	
5. Date Organized or Qualified To Do Business in Florida <u>JUNE 16-1998</u>	
6. FEI Number <u>33-0808639</u>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent Name <u>CALEB SANTIAGO</u> Street Address (P.O. Box Number is Not Acceptable) <u>13000 SW 5th COURT</u> Suite, Apt. #, Etc. City <u>DAVIE</u> State <u>FL</u> Zip Code <u>33325</u>		300003500313--3 -12/13/00--01099--023 *****30.00 *****30.00
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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Caleb Santiago Date 12-6-00  
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	<u>LEE KORT</u>	<u>3333 MICHELSON DR</u>	<u>IRVINE, CA 92612</u>
MEMBER	<u>MICHAEL SCOTT</u>	<u>3333 MICHELSON DR</u>	<u>IRVINE, CA 92612</u>
MANAGING MEMBER	<u>H.M. VENTURE II, LLC</u>	<u>3333 MICHELSON DR</u>	<u>IRVINE, CA 92612</u>

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**REINSTATEMENT 2000**  
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11. I certify that I am managing member/manager or 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 608.406, 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.

Signature of Managing Member/Manager MLC Date 12-6-2000 Daytime Phone # (949) 253-4700  
 Typed or printed name of signing Managing Member/Manager Michael Scott

CR2E041 (9/99)