## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

СО	D LIABILITY DMPANY STATEMENT	! 9	DEPARTMENT OF STATI Katherina Harris Secretary of State ISION OF CORPORATIONS	E	SECRETARY OF STATE DIVISION OF CORPORATIONS OO DEC -6 AM 10: 13	
DOCUMENT # M98000000643  1. Limited Liability Company's Name  GOLD CONST MAPLL  [BOLD CONST ASSOCIATES, LLC)					******30.00 -12/13/0001099021 ******30.00 ******30.00 **00035003133 -12/13/0001099022 ******30.00 ******30.00	A B
2. Principal C 3333 V Suite, Apt. #, e City & State	MICHELSON Dr atc. The 700	Suite, Apt. #,	etc.  LITE 700  LINE COUNTY	5. Date Organ To Do Bus 6. FEI Numbo	ntry of Formation  Note: Os US A  Nized or Qualified tiness in Florida Tan E 16 - 1998	ď
<b>9.</b> I, being ap	Name  CALES  Street Address (P.O. Box Number is No 13000 Swite. Apt. #, Etc.  City  DAVIE  popointed the registered agent of the ago.	Acceptable)		3	-12/13/00-01099-023 -12/13/00-01099-023 ******30.00 ******30.00  ******30.00 ******30.00  *******30.00 *********30.00-  *******30.00 **********30.00-  State Zip Code FL 333ZS  tions of Chapter 608, F.S.	20E/M1 (0/00)
REGISTERE AGENT MUST SIGN  10. Names and Street Addresses of Managing Members/Managers						
Titles	Name of Managing Members/Manage		Street Address of I Managing Member/M		City / State / Zip	
MEMBEL	LEE KORT		3333 MILHER	son Dr	TRVING CA 92612	
MEMBER	MICHAEL SC	0+7	3333 MICHE	ison Dr	TRVINE C0 92612	
Member	H.M. VENTURE	II,LLC	3333 MICH	ercon Dr	TRVINC, CA 92613	+
-	30000351 -12/13/00 ******30.	<b>) () () ()</b> () () () () () () () () () () () () () () (	025 *30.00 <b>REN</b>	STATEN	ell_acro_ let 1a/6/200	
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  Date 12-6-2100  Daytime Phone # (949)253-4700  Typed or printed name of signing Managing Member/Manager						