PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JUL 11 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S64626

1. Corporation Name
GOLD VALLEY FLORIDA, INC.

2. Principal Office Address	3. Mailing Office Address
7500 BELLAIRE BLVD.	7500 BELLAIRE BLVD.
Suite, Apt. #, etc. SUITE # 818-B	Suite, Apt. #, etc. SUITE # 818-B
City & State HOUSTON, TX	City & State HOUSTON, TX
Zip 77036 Country HARRIS	Zip 77036 Country HARRIS

REINSTATEMENT 07-06
QR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 07/08/1991

5. FEI Number 59-3076857 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.00 additional Fee for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: RAJEEV PHERWANI

Street Address (P.O. Box Number is Not Acceptable): 2258 K UNIVERSITY MALL

Suite, Apt. #, Etc.

City: TAMPA State: FL Zip Code: 33612

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0303, F.S.

Signature of Registered Agent _____ Date 06/07/2006

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
M	RAJEEV PHERWANI	2258 K UNIVERSITY MALL	TAMPA/ FL/33612

300077524513
07/14/06--01039--015 **150.00

10. I certify that I am an officer or director of the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.02

B. Mitchell JUL 13 2006