

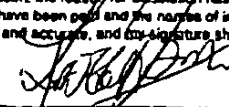
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P. 1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 06 JUL 11 2006 11:50 TALLAHASSEE, FLORIDA	
DOCUMENT # S64626					
1. Corporation Name GOLD VALLEY FLORIDA, INC.					
2. Principal Office Address 7500 BELLAIRE BLVD.		3. Mailing Office Address 7500 BELLAIRE BLVD.		REINSTATEMENT 01-06	
Suite, Apt. #, etc. SUITE # 818-B		Suite, Apt. #, etc. SUITE # 818-B		4. Date Incorporated or Qualified To Do Business in Florida 07/08/1991	
City & State HOUSTON, TX		City & State HOUSTON, TX		5. FEI Number 59-3076857	
Zip 77036	Country HARRIS	Zip 77036	Country HARRIS	6. CERTIFICATE OF STATUS DESIRED ☒	
7. Name and Address of Current Registered Agent					
RAJEEV PHERWANI					
2258 K UNIVERSITY MALL					
Suite, Apt. #, Etc.					
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 617.0503, 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)					
Title	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		
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					
City/State/Phone #					

TOTAL P. 02

B. Mitchell JUL 13 2006