

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 SEP 15 AM 9:52

DOCUMENT # S64626

1. Corporation Name

GOLD VALLEY FLORIDA, INC.

000160670270  
09/15/09--01012--010 \*\*1058.75

**REINSTATEMENT 07-09**  
CR2E081 (12/08)

2. Principal Office Address - No P.O. Box #  
7500 BELLAIRE BLVD.

3. Mailing Office Address  
7500 BELLAIRE BLVD.

Suite, Apt. #, etc.  
818-B

Suite, Apt. #, etc.  
818-B

City & State  
HOUSTON, TX

City & State  
HOUSTON, TX

Zip Country  
77036

Zip Country  
77036

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number  
59-3076857

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
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 Zip Code  
FL 33612

☒ The reinstatement fee is imposed, except in  
circumstances which the entity did not receive  
the prior notices. By checking this box, you  
are certifying the prior notices were not  
received and requesting the reinstatement  
fee be waived.

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 09/04/09

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
M	RAHIM RUPANI	2258 K UNIVERSITY MALL	TAMPA, FL 33612

10. I certify that I am an officer or director or 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

09/09/09  
Date

813 971 8809  
Daytime Phone #