2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # K77073 1. Entity Name . BELLE GLADE PRODUCE SALES, INC.					FILED 07 OCT 17 PM 2: 29 24 OCT 1 AVI OF STATE		
Principal Plac 1408 NW AV BELLE GLADI		Mailing Address P.O. BOX 69 BELLE GLADE, FL 334	30 US		FALLAHASSE Buddhurin barringan	E, FLORIDA	
2. Principal P	lace of Business - No P.O. Box # NW AUE L # etc.	3. Mailing Address Po Box 6 9 Suite, Apt. #, etc.		BEIN	ISTATEMEN		
Das		City & City		10072007	OKEWA	RZEIIOX (TIII)	
Belle	- GLAde FL	Belle Grade FL		4. FEI Numb		Applied For Not Applicable	
3343	O PALM BEACK	3343W	PALM GOL		of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
708 N.E. 2	T, DONALD D. IND STREET ADE, FL 33430	Street Address (ddress (P.O. Box Numb	P.O. Box Number is Not Acceptable)		
			City			FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of nigratined agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.							
10.	OFFICERS AND		11.	ADDITIONS	/CHANGES TO OFFICERS	·····	
NAME STREET ADDRESS CITY-ST-ZIP	GARRETT, BEVERLY S. 708 N.E. 2ND ST. BELLE GLADE, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	10	5001105 27720701063	Change Addition 008	
TITLE	DP	☐ Delete	TITLE			Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	GARRETT, DONALD D. 708 N.E. 2ND ST. BELLE GLADE, FL		NAME STREET ADDRESS CITY-ST-ZIP	10	500110 5 217/07-01063	113405 007 **150.00	
TITLE		☐ Delete	TITLE NAME			Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP	49		STREET ADDRESS CHY-ST-ZIP				
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STREET ADDRESS CITY-ST-2IP			STREET ADDRESS CITY - ST - ZIP	_			
TITLE		☐ Delete	TITLE NAME			Change Addition	
NAME STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME SIREET ADDRESS CITY ST ZIP			☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attackment with an address, with all other like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Description of the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further certify that the information indicated in Chapter 119, Florida Statutes. I further cer							
	SIGNATURE AND TYPED OR F	PRINTED NAME OF SIGNING OFFICE	OR DIRECTOR		Date	Daytino Phone #	