

Apr 09 04 03:31p

Lydia Lott

850-942-6446

P.2

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F56188					
1. Corporation Name BELLE HARBOUR GIFT FRUIT COMPANY					
2. Principal Office Address 15000 US Highway 301 N			3. Mailing Office Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State Dade City, Florida			City & State		
Zip 33523	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 11/18/1981	
				5. FBI Number 58-2142728	Applied For ☐ Not Applicable
				6. CERTIFICATE OF STATUS DESIRED ☐	
7. Name and Address of Current Registered Agent					
Name Ben Reese					
Street Address (P.O. Box Number is Not Acceptable) 15000 US Highway 301 N					
State, Apt. #, Etc.					
City Dade City				State FL	Zip Code 33523-2401
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0503, F.S.					
Signature of Registered Agent <i>Ben Reese</i>				Date 4/08/2004	
REGISTERED AGENT MUST SIGN					
9. Name and Street Address 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	
PCFO	Gary Viljoen	15000 US Highway 301 North		Dade City, Florida 33523	
COO	John Minton	15000 US Highway 301 North		Dade City, Florida 33523	
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 under section 119.07(2)(b), 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: <i>Gary Viljoen</i> Gary Viljoen 4/07/04					
SIGNATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OR DIRECTOR					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

03-04

MRS

VOID LINE

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Division of Corporations

850-942-6446

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT

BELLE HARBOUR GIFT FRUIT COMPANY

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