

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F56195

1. Entity Name  
BELLE HARBOUR GIFT FRUIT COMPANY



FILED

06 APR 12 PM 1:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
15000 U.S. HWY. 301 NORTH  
DADE CITY, FL 33523

Mailing Address  
15000 U.S. HWY. 301 NORTH  
DADE CITY, FL 33523



2. Principal Place of Business

15000 Citrus County Dr. P.O. Box 97

3. Mailing Address

Suite, Apt. #, etc.

Suite 203

City & State

DADE CITY, FL

City & State

DADE CITY, FL

Zip

Country

33523-2401

Zip

33526-0097

Country

03242006

REIN-P

CR2E098 (1/05)

05-06

4. FEI Number

59-2142728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REESE, BEN  
15000 U.S. HWY. 301 NORTH  
DADE CITY, FL 33523

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

15000 Citrus County Dr.

Suite 203

City

DADE CITY,

FL

Zip Code

33523-2401

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

*Ben Reese*

BEN REESE

03/28/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PCFO  
VILJOEN, GARY  
15000 US HIGHWAY 301 NORTH  
DADE CITY, FL 33523 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
COO  
MINTON, JOHN  
15000 US HIGHWAY 301 NORTH  
DADE CITY, FL 33523 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEO  
Ben Reese  
15000 Citrus County Dr. Suite 203  
DADE CITY, FL 33523-2401 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CFO  
Jack Spetheimer  
15000 Citrus County Dr. Suite 203  
DADE CITY, FL 33523-2401 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ID  
Gary Viljoen  
2101 Chestnut Forest Dr.  
Tampa, FL 33618 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
900073498649  
05/01/06--01054--013 \*\*900.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET 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 or 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ben Reese*

BEN REESE

03/28/06

352-521-7227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #