PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 FEB -7 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725302

1. Corporation Name

THE KIWANIS CLUB OF SPRING HILL, Florida, Inc.

REINSTATEMENT 01-05

2. Principal Office Address	3. Mailing Office Address
P.O. BOX 6245	P.O. BOX 6245
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SPRING HILL FL.	City & State: SPRING HILL FL
Zip: 34606 Country:	Zip: 34606 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 01-18-1973

5. FEI Number: 237171373 ☐ 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: PATTERSON, CLINT

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Street Address (P.O. Box Number is Not Acceptable): 5332 PATRICIA PLACE

Suite, Apt. #, Etc.:

City: SPRING HILL State: FL Zip Code: 34607

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: Clint Patterson Date: Feb 1, 05
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
P	BRENT NOVAK	9465 BEARWALK PATH	WEEKI WACHEE, FL 34613
T	MICHAEL VASSAY	9009 CYPRESS GLEN	WEEKI WACHEE FL 34613
V	MICHAEL JACKSON	3978 PUFFER TRACE	SPRING HILL FL 34609
S	DAVID SPELTS	9114 ALEXANDRIA	WEEKI WACHEE FL 34613
D	STANLEY HAYTOWOFF	9090 ALEXANDRIA	WEEKI WACHEE, FL 34613
D	DONNA GAULA	3116 MARSHALL AVE.	SPRING HILL FL 34609

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(3)(i), 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: David E. Spelts / DAVID E. SPELTS FEB 01, 05 352 592 1179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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
D	WALTER GOODSEAL	10149 DUFFY CIRCLE	WEEKI WACHEE FL 34613
D	TOM FOSTER	9107 ALEXANDRIA	WEEKI WACHEE FL 34613
D	BRUCE GRESH	2412 HIDDEN TRAIL DR	SPRING HILL FL 34606