## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATI STATEM			DIV	DEPAR Secretar Ision of c	y of S			0 <b>9</b> JU	FILED	<b>7</b> : 52
DOCUMENT # 76 12 55  1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Wes	st Herna	ando	Republic	an Club	, INC	<u>C</u> .	_			TT & ETT	<b>NITTAD</b> -
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address									SIAI	EME	NIO
					est Oaks Blvd.				CR2E	081 (12/08)	m 7
Suite, Apt. #, etc. Suite, Apt. #,									orated or Qualifie	<sup>d</sup> 12/29/1981	
City & State City & State								5. FEI Numbe		12/25/1501	
					Spring Hill, Florida			59-2501142 Applied For Not Applicable			
Zip 34606	06 USA			Zip 34606		US/	•	6. CERTIFICATE	OF STATUS DESIR		litional Fee required rtificate of Status
7. Name and Address of Current Registered Agent											
Neme Michael Burmann								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.			
Street Address (P.O. Box Number is Not Acceptable) 8192 Forest Oaks Blyd.											
Suite, Apt. #, Etc.											
City Spring Hill						State Zip Code			00158458441		
8. I, being	appointed the	e registere	d agent of the abo	ove named corpo	oration, am f	amiliar	with and accept the ob	oligations of section	on 607.0505 or 61	7.0503, F.S.	
Signature of Registered Agent Muchael P. S. REGISTERED AGENT MUST SIGN								Date 07/08/2009			
9. Names	and Street A	ddresses	of Each Officer an	d/or Director (Fk	orida nonpro	fit corp	orations must list at lea	ast 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip			
Pres.	Michael Burmann				8192 Forest Oaks Blvd.			Spring Hill, Florida, 34606			
Sec.	Bonnie F			5010 Breakwater Blvd.			Spring Hill, Florida, 34607				
Tres.	Bill Wilcox				12082 Eldorado Ave.			Brooksville, Florida, 34613			
B.mem	Blaise Ingoglia				12494 Feather St.			Spring Hill, Florida, 34609			
B.mem	Doris Re			11428 Deercraft Ct.			Spring Hill, Florida, 34609				
B.mem	m Ron Ruge					5010 Breakwater Blvd.			Spring Hill, Florida, 34607		
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 filting 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.											
SIGNA		Mu	had f.	Bu				. (	07/08/2009	(352)683	
	SH	GNATURE	AND TYPED OR PR	INTED NAME OF	SIGNING OFF	TCER O	R DIRECTOR		Date	Daytime Pho	ine #