

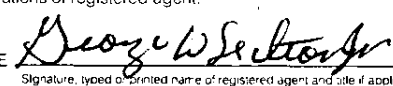
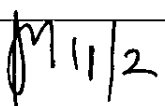
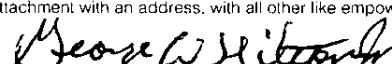


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 737228</b> 1. Entity Name <b>RUSKIN MEMORIAL POST NO. 6287 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.</b>						<b>FILED</b> <b>07 OCT 31 AM 8:54</b> DEPARTMENT OF STATE TALLAHASSEE, FLORIDA <b>800111554158</b> 10/31/07--01047--002 **70.00		
Principal Place of Business <b>5120 HWY US 41 VFW POST 6287 RUSKIN, FL 33572-3500 US</b>		Mailing Address <b>5120 HWY US 41 VFW POST 6287 RUSKIN, FL 33572-3500 US</b>		 <b>REINSTATEMENT 07</b> 10272007 REIN-NP CR2E099 (1/07)				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.						
City & State		City & State						
Zip		Country		4. FEI Number <b>59-1596663</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>				
<b>6. Name and Address of Current Registered Agent</b> <b>ZIPPERER, ANTHONY K 1520 33RD ST SE RUSKIN, FL 33570</b>				<b>7. Name and Address of New Registered Agent</b>				
Name				Name				
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)				
City				City		Zip Code		
FL				FL				
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 				10/27/07				
Signature, typed or printed name of registered agent and title if applicable				(NOTE: Registered Agent signature required when reinstating) DATE				
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>				
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>SHEEHY, THOMAS</b> 5120 US HWY 41S APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bruce Scheller P</b> 1028 Apollo Beach Blvd Apollo Beach FL 33572				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>SCHELLER, BRUCE</b> 1028 APOLLO BEACH BLVD. APOLLO BEACH, FL 33572	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Al Fuller Y</b> 5120 US 41 N Ruskin FL 33572-3500				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD <b>HILTON, GEORGE</b> 5120 US HWY 41 N RUSKIN, FL 33572	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>George Hilton T</b> 6229 Florida Cir E Apollo Beach FL 33572				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR <b>PIRCSUK, ALEXANDER J</b> 1928 DEL WEBB BLVD SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William Hurley Trustee</b> 5120 US 41 N Ruskin FL 33572				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CALVIN, WILLIAM</b> 5120 US HWY 41 N RUSKIN, FL 33572	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Thomas Sheehy Trustee</b> 5120 US 41 N Ruskin FL 33572				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>William Calvin Trustee</b> 5120 US 41 N Ruskin FL 33572				<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 617, 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: 				10/27/07		(813) 645 2935		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #		