

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2008 AUG -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO 2853

1. Corporation Name
Illinois Club of Spring Hill,
Florida, Inc.

2. Principal Office Address - No P.O. Box #

12005 Thrasher Ave.

Suite, Apt. #, etc.

Weeki Wachee

City & State

Florida

Zip

34614

Country

USA

3. Mailing Office Address

12005 Thrasher Ave.

Suite, Apt. #, etc.

Weeki Wachee

City & State

Florida

Zip

34614

Country

USA

CR2E081 (12/07)

4. Date Incorporated or Qualified
To Do Business in Florida

April 26, 1984

5. FEI Number

59-3429518

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required
for a Certificate of Status

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.

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08/05/08-01027--001 **122.50

7. Name and Address of Current Registered Agent

Name

Michael P. Vassey
9009 Cypress Glenn Ct.

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

Suite, Apt. #, Etc.

City

Spring Hill

State

FL

Zip Code

34613

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

Date

8/1/08

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
Asst/P	Patricia J. Godfrey	12005 Thrasher Ave, Weeki Wachee, FL 34614	
VP/D	Joe Bedale	412 Knights Bridge Rd, Spring Hill, FL 34609	
Asst/P	Michael P. Vassey	9009 Cypress Glenn Ct, Weeki Wachee, FL 34613	
Secy/D	Anna Antolak	4431 La Palma Ave, Spring Hill, FL 34606	
		REINSTATEMENT	07-08 off

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 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.

SIGNATURE: *Patricia J. Godfrey* Patricia J. Godfrey 8-1-08 352-597-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #