

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 JAN -2 AM 11:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P96000034800

1. Corporation Name
THE POLISH AMERICAN CLUB OF NORTH LAUDERDALE, F LA., INC.

Principal Place of Business
**935 ROCK ISLAND ROAD
 NORTH LAUDERDALE FL 33068**

Mailing Address
**935 ROCK ISLAND ROAD
 NORTH LAUDERDALE FL 33068**



REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/16/1996	
City & State		City & State		5. FEI Number	
Zip		Country		51-0166627	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	DAVID, CHESTER	7011 NW 79 AVE.	TAMARAC FL
DV	MULARCZYK, JOSEF	602 SW 75 AVE.	N. LAUDERDALE FL
DT	ZIMA, LILLIAN	3990 NW 42 AVE.	FT. LAUDERDALE FL
DS	MARGRABIA, LOUISE	935 ROCK ISLAND ROAD	NORTH LAUDERDALE FL 33068

8. Name and Address of Current Registered Agent

**FERRARO, JOSEPH
 935 ROCK ISLAND ROAD
 NORTH LAUDERDALE FL 33068**

9. Name and Address of New Registered Agent

Name	500002391315-0	
Street Address (P.O. Box Number is Not Accepted)	-01/06/98--01075--024	
Suite, Apt. #, Etc.	****750.00 ****750.00	
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: *Joseph Ferraro*
 REGISTERED AGENT MUST SIGN

Date: 11/03/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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: *Chester David Chester David D.P.* 11/03/97 954-726-2473
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRSE040 (8/97)