APPLICATION FOR REINSTATEMENT FOR		•		E READ /						ING THIS F	ORM.	
REINSTATEMENT     Selection of State       DOCUMENT #     701712       1. Operation Name     FILL ED       THE POLISH AMERICAN CLUB OF MIAMI INC.     99 NDV - 1 AH 10: 13       THE POLISH AMERICAN CLUB OF MIAMI INC.     Selection of Buildians       Princip Office Address     Main Address       120 W 2200 AE     120 W 2200 AE       MAIN R 3315     120 W 2200 AE       130 W 2200 AE     120 W 2200 AE       MAIN R 3315     120 W 2200 AE       140 Address     120 W 2200 AF       150 W 2200 AF     20 W 2200 AF       150 W 2200 AF     20 W 2200 AF       150 W 2200 AF     20 W 220 AF       150 W 2200 AF     20 W 220 AF       160 W 2200 AF     20 W 220 AF       17 Work Main Clinks address if Application     3 Week Main Clinks Address if Application       20 W 200 AF     20 W 200 AF       17 Work Main Strend Address of Each Clinks address if Application     3 Week Main Clinks Address if Application       20 W 200 AF     20 Week Main Clinks Address if Application     3 Week Main Clinks Address if Application       21 Week Main Clinks address of Each	API		N						Ę			
DOCUMENT # 701712         1. Concention Name         THE POLISH AMERICAN CLUB OF MIAMI INC.         Princed Place of Business         120 NM 220 ARE         120 ARE 3056         120 ARE 3056         120 ARE 3056         120 ARE 3056         121 Nume of Officar a         120 ARE 306 AR	RFIN		FNT		/		-			FI	IEN	
				70171		VISION UP L	CORPOR	ATIONS	4			
THE POLISH AMERICAN CLUB OF MIAMI INC.       SECRE 148.17 0F STATE TALLAHASSEE FLORIDA         Proced Place of Businese       Making Address         120 IM 200 AF       120 IM 200 AF         MART R 372       120 IM 200 AF         MART R 372 <td colspan="8"></td> <td></td> <td>99 NOV -</td> <td>·1 AM 10: 13</td> <td></td>										99 NOV -	·1 AM 10: 13	
120 MY 2200 AVE       120 MY 2200 AVE         1414 FL 30135       120 MY 2200 AVE         14 Active addresses are incorrect in any way, line through incorrect information and enter correction below.       4. Date incorporated in Coulting         2 None Address, If Applicable       3. New Mailing Office Address, If Applicable       4. Date incorporated in Coulting         2 None Address, If Applicable       3. New Mailing Office Address, If Applicable       4. Date incorporated in Coulting         2 None Address, If Applicable       3. New Mailing Office Address, If Applicable       4. Date incorporated in Coulting         200       Country       Country       0. FEI Number       0.000111941         200       Country       Country       0. FEI Number       0.00011941         200       Country       Country       0. FEI Number       0.00011941         200       Country       Country       0. FEI Number       0.00011941         200       Country       Country       Country       0. FEI Number       0.00011941         2       Name of Officer       10002       Country       0. FEI Number       0.00011941         2       Name of Officer       0.00000       State       2.000000       0.000000       0.00000000000000000000000000000000000	-		ERIC	an Clue	3 of Mia		•			SEORE IA TALLAHAS	RY OF STATE	
If above addresses are incorrect in any way, and through incorrect information and enter correction below.       4. Date incorporated of Qualified         Strife, Act, P, etc.       Strife, Act, P, etc.       01001/1941         City & State       Country       20         Zo       Do Country       20 <td>Principal P</td> <td colspan="8">Principal Place of Business Mailing Address</td> <td></td> <td></td> <td></td>	Principal P	Principal Place of Business Mailing Address										
2 Note Principal Office Address, If Applicable         3 New Mailing Office Address, If Applicable         4 Dets Incorrect or Counting           Suite, Apl. #, etc.         Suite, Apl. #, etc.         Suite, Apl. #, etc.         5. FEI Number         Application           City & State         City & State         City & State         5. FEI Number         Application           Zip         Country         Zip         Country         6. FEI Number         Site Address of Each           Zip         Name and Street Address of Each         Site Address of Pach         2. City / State / Zip           Zip         Name and Address of Caunter (Florids nonprofit cooperations must list at least 3 directors)         Name Frances / Zip         1. Site Address of New Registered Agent           D         GROCKI, EDWA												
Suite. Apt. #, etc. Grig & State City & St										oreled or Qualified		7
Coy & State       Coy & State       S. FEI Number       Applied Fo         Coy & State       Coy & State       So OSTO483       Applied Fo         Coy & State       Country       Zp       Country       So OSTO483       Applied Fo         Crip & State       Country       Zp       Country       So OSTO483       State Addresses of Each Officer and/or Director       State Addresses of Each Officer       State Addresses of Each Officer         P       MEZYK, ROBERT       207 POCATELIA STREET       MAMI SPRINGS FL 33166       City / State / Zp         Introduct Director       3       Officer and/or Director       4       City / State / Zp         D       GROCKI, EDWARD       609 EUCLD AVENUE< #9						-	Jiwww.,		1		01/01/1941	
Zip       Country       Zip       Country       Country <td< td=""><td></td><td></td><td></td><td>}</td><td>]</td><td></td><td></td><td></td><td>5. FEI Numbe</td><td></td><td>Applied F</td><td></td></td<>				}	]				5. FEI Numbe		Applied F	
Image: Street Addresses of Each Officer and/or Director (Forde nonprofil corporations must list at least 3 directors)         Inte(c)       2         Inte(c)       2         Inte(c)       2         Inte(c)       3         Street Addresses of Each Officer and/or Directors       3         Officer and/or Directors       3         Inte(c)       2         P       MEZYK, ROBERT         207 POCATELLA STREET       MAMI SPRINGS FL 33166         Inte(c)       2         Inter(c)       2         Inter(c)       2         Inter(c)       3			ountry							6. \$8.75 Additional feer a gaved		
Title(s)       2       Name of Officers       3       Officer and/or Directors       4       City / State / Zip         P       MEZYK, ROBERT       207 POCATELIA STREET       MAMI SPRINGS FL 33166         T       MAMI SPRINGS FL 33166       MAMI SPRINGS FL 33166         D       GROCKI, EDWARD       600 EUCLD AVENUE #9       MAMI BEACH FL 33139         D       DAMBSKI, CAROLE       7737 N KENDALL DRIVE #0       MAMI BEACH FL 33156         D       AUGUSTYNIAK       5230 SW 99 AVENUE       MAMI FL 33165         S       Name and Address of Current Registered Agent       8. Name and Address of New Registered Agent         BARONE NATHANELT JR.       STATEMENT       9         SO DRO RO       Guite Apl. # Elec.       CID										E OF STATUS DESIRE		
1       2       3         P       MEZYK, ROBERT       207 POCATELIA STREET       MAAN SPRINGS FL 33106         T       MAAN SPRINGS FL 33106       MAAN SPRINGS FL 33106         D       GROCKU, EDWARD       600 EUCLD AVENUE #0       MAAN BEACH FL 33139         D       DAMBSKI, CAROLE       7737 N KENDALL DRIVE #0-102       MAAN FL 33156         D       DAMBSKI, CAROLE       7737 N KENDALL DRIVE #0-102       MAAN FL 33156         D       AUGUSTYNAK       5230 SW 99 AVENUE       MAAN FL 33165         S. Name and Address of Current Registered Agent       ITS       ITS         BARONE, NATHANEL L'JR.       Street Address of New Registered Agent       Name Francix E. Hos Adcress of New Registered Agent         BARONE, NATHANEL L'JR.       Street Address (PQ. Box Kunber is Not Acceptable)       Street Address of New Registered Agent         BARONE, NATHANEL L'JR.       Street Address (PQ. Box Kunber is Not Acceptable)       Street Address (PQ. Box Kunber is Not Acceptable)         Street Address (PQ. Box Kunber is Not Acceptable)       Street Address of New Registered Agent       Mame Francis (PQ. Box Kunber is Not Acceptable)         10. I. Hing appointed the registered agent of the above named corporation, and familiar with and accept the obligations of Section 807.0603 F.S.       Street Address of Registered Agent ####238 F.S.         10. I. Exerify that I am an officer or director or thru		and Street Augres	Name	e of Officers	A Director (Fig	rida nonprom	Stree	et Address of Eac	ch	1		
Image: State and a state of the above named corporation, ant familiar with and accept the obligations of Section 607 0605, F.S.         Image: State and Address of Current Registered Agent         Name and Address of Current	1		2			1	3					
D       GROCKI, EDWARD       009 EUCLID AVENUE #9       MAMR BEACH FL 33139         D       DAMBSKI, CAROLE       7737 N KENDALL DRIVE #C-102       MAMR FL 33156         D       AUGUSTYNIAK       5230 SW 99 AVENUE       MAMR FL 33165         D       AUGUSTYNIAK       5230 SW 99 AVENUE       MAMR FL 33165         B       Name and Address of Current Registered Agent       9       Name and Address of New Registered Agent         BARONE, NATHANEL L'JR.       State and Address of Current Registered Agent       Name Florencie E., HostAcm 3-         BARONE, NATHANEL L'JR.       State Address (F.Q. Box Number is Not Acceptable)       Name Florencie E., HostAcm 3-         BUTTE 302- CORAL GREES FL 33146-1424       Name Science (F.Q. Box Number is Not Acceptable)       Name Florencie E., HostAcm 3-         10. L bing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.       State, Apl. M., Etc.       STITUDUCUSTO, State, FL         11. Loring appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.       State, Apl. M., Etc.       STITUDUCUSTO, State, FL         11. Loring the corporation may been paid and the names of dissiduent has been adminiated, the corporate name section 108.07.000, F.S. I further certify that when filting the section application is the application is the application is the and becarate, and my signature shall haver file seme leggl effect	• 					h				+		
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D       AUGUSTYNIAK       5230 SW 99 AVENUE       MAM FL 33165         D       MAM FL 33165       ITS         S. Name and Address of Current Registered Agent       In Ame       ITS         BARONE, NATHANEL L JR.       S. Name and Address of New Registered Agent       In Ame         BARONE, NATHANEL L JR.       Street Address (FQ. Box Number is Not Acceptable)       Street Address (FQ. Box Number is Not Acceptable)         GUT AL GABLES FL 33148-1424       Suite, Apl. #, Etc.       STODOCTICLSEFF. 33148-1424         10. I. thing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505. F.S.       Street Address (FQ. Box Number is Not Acceptable)         10. I. thing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505. F.S.       Street Address (FQ. Box Number is Not Acceptable)         11. I certify that I am an officer or director or the secore named corporation, am familiar with and accept the obligations of Section 607.0505. F.S. I further certify that when films this reinstatement application, the reason for disclution has been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(1). F.S. The information indice or this application is true and accurate, and my signature shall have fer ame legal effect as if made under cett.         SIGNATURE:       SIGNATURE:       Not Section 118.07(3)(1). F.S. The information indice <td>D</td> <td>grocki, Edw</td> <td colspan="4">GROCKI, EDWARD</td> <td colspan="3">609 EUCLID AVENUE #9</td> <td colspan="3">MIAMI BEACH FL 33139</td>	D	grocki, Edw	GROCKI, EDWARD				609 EUCLID AVENUE #9			MIAMI BEACH FL 33139		
8. Name and Address of Current Registered Agent       9. Name and Address of New Registered Agent         BARONE, NATHANKEL LJR.       9. Name and Address of New Registered Agent         BARONE, NATHANKEL LJR.       250 BRD RD.         Street Address (PQ. Box Number is Not Acceptable)       11/09/99-010030-017         BUTE 3027       COFAL GABLES FL 33146-1424         10. I, Iping appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.         Signature of Negistered Agent       Site Appl. #, Etc.         11. Locrify 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 film this reinstatement application, her eason for dissolution has been eliminated, the corporation and section 607.0401 or 617.0401, F.S. that all fees over do this corporation have been paid and the names of individual steed on this form do not quelify for an examption under section 119.07(3)(), F.S. The information indice on this application is true and accurate, and my signature shall have be same legal effect as if made under oath.         11. 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 films this prevision have been paid and the names of individual steed on this form do not quelify for an examption under section 119.07(3)(), F.S. The information indice on this application have been paid and the names of individual steed on this form do not quelify for an examption under section 119.07(3)(), F.S. The information indice on this app	D	DAMBSKI, CAI	DAMBSKI, CAROLE				7737 N KENDALL DRIVE #C-102			MAMI FL 33156		
<ol> <li>Name and Address of Current Registered Agent</li> <li>Name and Address of New Registered Agent</li> <li>Name and Address of New Registered Agent</li> <li>Name Francis E, Histlden D-</li> <li>Streel Address (P.Q. Box Number is Not Acceptable)</li> <li>Suite, Apt. #, Etc.</li> <li>SUID DO SIN BET 33148-1424</li> <li>In the above named corporation, am familiar with and accept the obligations of Section 807.0505, F.S.</li> <li>Signature of Registered Agent</li></ol>	D.	AUGUSTYNIA								MAMI FL 3316	ŝ	
<ol> <li>Name and Address of Current Registered Agent</li> <li>Name and Address of New Registered Agent</li> <li>Name and Address of New Registered Agent</li> <li>Name Enancis E, Hostdan D-</li> <li>Streel Address (P.O. Box Number is Not Acceptable)</li> <li>Suite, Apt. #, Etc.</li> <li>SUID DO SIN BEFT 301</li> <li>Chy Hicka h ####236 FI</li> <li>I. Loping appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 607.0505, F.S.</li> <li>Signature of Registered Agent</li> <li>I. Lordify 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 plaid and the names of Individual Sisted on this form do not qualify for an exemption under section 118.07(3)(0), F.S. The information indice on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</li> <li>SignATURE: XIA MAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAMAM</li></ol>					DEN	ISTA	TEP	NENT	99_	TS		
BARONE, TVATHANEL LJR.         250 BRD RD.         SUITE 302         CORAL GABLES FL 33146-1424         10. 1, bing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.         Signature of Negistered Agent         11. 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 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 indice on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.         SignAture:       No/22 / 99         SignAture:       No/22 / 99         Signature of No.       No.         Signature of No.       No.         Signature of Section for 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 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 indice on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.         SignAture:       No/22 / 99       Go S) 633-157		8. Name ar	nd Addre	ess of Current R	tegistered Age	ent						
250 BRD RD         Suffer 302         CGRAL GABLES FL 33146-1424         10. I. teing appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.         Signature of Negistered Agent         Negistered Agent         11. 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 films 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 118.07(3)(1), F.S. The information indice on this application is true and accurate, and my signature shall have the same legal effect as if made under ceth.         SIGNATURE:       X10. MAMMMANA       10/22/99       (30.5)       633-257	BARO	INE. NATHANIEL	TJR.				}	Fran				
Corract GABLES FL 33146-1424 City Haileah Hime and accept the obligations of Section 607.0505, F.S.  Signature of  Registered Agent	250 BI	NRD RD.	•									
10. I, deing appointed the registered agent of the above named corporation, an familiar with and accept the obligations of Section 807.0505, F.8.  Signature of Registered Agent							}				9901003017	- 1
Signature of Megistered Agent       Date       40-25-44         REGISTERED AGENT MUST SIGN       Date       40-25-44         11. 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 aection 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 118.07(3)(i), F.S. The information indice on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.       10/22/99       (30.5)       633-257	1		_		·			HIE			6 FL # 3334	/5
I. 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 indice on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  SIGNATURE:	<b>,</b>	-	jistered r	10			imiliar with	h and accept the c	obligations of Sect	ion 607.0505, F.S.		
this reinstatement application, the reason for dissolution has been bilinihated, 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 indice on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE:			C	Joanie RE	E- WOK	LUM Y	SIGN	4 + 1		Date <u>10 -</u>	25-94	{
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	this rein owed by	instatement applicat by the corporation h	ation, the i have beei	reason for dissol en paid and the n	Nution has been names of individe	n eliminated, # duals listed on	the corporation this form	rate name satisfier n do not qualify for	a the requirementa or an exemption un er oath.	s of section 607,0401 nder section 119,07(3	i or 617.0401, F.S., that all fe 3(i), F.S. The information Indi	Hes licated
	SIGNAT		TURE ANI	D TYPED OR FRIN	ITED NAME OF S		SER OR DI	L. L.	10/22	/99 (* Date		