

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701712

1. Corporation Name

THE POLISH AMERICAN CLUB OF MIAMI INC.

Principal Place of Business

1250 NW 22ND AVE
MIAMI FL 33125

Mailing Address

1250 NW 22ND AVE
MIAMI FL 33125

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/01/1941

5. FEI Number

59-0670493

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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	4. City / State / Zip
P	MEZYK, ROBERT	297 POCATELLA STREET	MIAMI SPRINGS FL 33106
T	KRUSZEWski, ROSE	701 E. 11th STREET	MIAMI FL 33136
D	GROCKI, EDWARD	609 EUCLID AVENUE #9	MIAMI BEACH FL 33139
D	DAMBSKI, CAROLE	7737 N KENDALL DRIVE #C-102	MIAMI FL 33156
D	AUGUSTYNIAK	5230 SW 99 AVENUE	MIAMI FL 33165
REINSTATEMENT 99 TS			

8. Name and Address of Current Registered Agent

BARONE, NATHANIEL L JR.
250 BIRD RD.
SUITE 302
CORAL GABLES FL 33146-1424

9. Name and Address of New Registered Agent

Name Francis E. Holden Jr
Street Address (P.O. Box Number is Not Acceptable)
166 Hialeah Dr
Suite, Apt. #, Etc. 300003038673--1
City Hialeah State FL Zip Code 33012

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

Francis E. Holden Jr
REGISTERED AGENT MUST SIGN

Date 10-25-99

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 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:

X SIG. [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/26/99 (305) 633-2571
Date Daytime Phone #