## --- 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT #702553** 

05 Rei

FILED



| 1. Entity Name POLISH AMERICAN CLUB OF TAMPA, INC.  |   |  |                     |  |   |  |  |  | ٠              |            | 05 (                     | , -          | 26 AF                  | 110: 17  |
|---|---|--|---------------------|--|---|--|--|--|----------------|------------|--------------------------|--------------|------------------------|--|
| 1707 W. CLIFTON 19  |   |  | 1922 W.             | Mailing Address<br>1922 W. ORIENT STREET<br>TAMPA, FL 33607 US |   |  |  |  |                | -          | SEC<br>TALL              | RE IA<br>AHA | ARY OF<br>SSEE.        | STATE<br>FLORIDA                                     |
| Principal Place of Business     3. M.  / //   |   |  |                     | Mailing Address W ~ C/, FTON ST                                |   |  |  |  |                |            |                          |              |                        |  |
| Suite, Apt. #, etc.   |   |  | Suite, Apt. #, etc. |  |   |  |  | 1011200  | 5 REII         | N-NP       |                          | CR2E         | 099 (6/04)             |  |
| City & State  |   |  | City & State        |  |   |  |  | 4. FEI Nun<br>59-15                                  | nber<br>585318 | 3          |                          |              | <u> </u>               | Applied For  |
| Zip Country   |   | Zip  | Zip Co              |  |   |  | 5. Certificate of Status Desired See Require |  |                |            |                          | dditional    |                        |  |
| •   | 6. Name   | and Address of Curren  | t Registered A      | gent   |   | 1  | l.   | 7. Name a  | nd Addr        | ess of Ne  | w Regi                   | stered .     | <del>`</del>           | eu   |
| SLOWIK,   | STANLEY   | J. J   |                     |  |   | Name   |  |  |                |            |                          |              |                        |  |
| 1922 W. C<br>TAMPA, F   | RIENT ST  |  |                     |  |   | Street Add   | dress (P.                                    | O. Box Nur   | nber is N      | ot Accept  | table)                   |              |                        |  |
|   |   |  |                     |  |   | City   |  |  |                |            |                          |              | Zip Co                 | de   |
| The above named entity submits this statement for the purpose of changing its registered office or its statement.   |   |  |                     |  |   |  | :  |  | Last 1_ a      | h - Ot-t   | . 4 <b>-</b> 1 - 2 - 1 - | FL           | <u> </u>               |  |
| the obligat   | tions of regist   |  | KJR.                | tanky !  | Shu   | UNA Prod Agent signatu   |  |  |                | ne state o |                          |              | · 05                   | ,  |
| FILE NOW!!! FEE IS \$236.25<br>After January 1, 2006, Fee will be \$297.50  |   |  |                     |  |   |  |  | Make check payable to<br>Florida Department of State |                |            |                          |              |                        |  |
| After Ja  |   |  | 7.50                | •  |   |  |  |  |                | ļ          |                          |              |                        |  |
| After Ja  | anuary 1, 2   |  |                     |  | 11.   |  | AC   | ODITIONS/  | CHANGE         |            | Florida                  | Depar        |                        | N 10   |
|   | PD<br>SLOWIK,   | OFFICERS AND D<br>STANLEY J. J<br>DRIENT STREET  |                     | Delete   | TITLI<br>NAM<br>STRE  |  | AC.  | DDITIONS/4   | CHANGE         |            | Florida                  | Depar        | rtment of              | N 10   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F  | OFFICERS AND D STANLEY J. J DRIENT STREET  |                     | ☐ Delete   | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI   | EET ADDRESS<br>- ST - ZIP  | AC   | DDITIONS/4   | CHANGE         |            | Florida                  | Depar        | RECTORS                | State N 10 Addition                                  |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCII<br>1422 WES  | OFFICERS AND D STANLEY J. J DRIENT STREET L C, DOROTHY ST BOGE DRIVE   |                     |  | TITLI<br>NAM<br>STRE<br>CITY<br>TITLI<br>NAM<br>STRE  | EET ADDRESS -ST-ZIP EET ADDRESS  | AC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | RECTORS Change         | State IN 10 Addition                                 |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP   | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCIO  | OFFICERS AND D STANLEY J. J DRIENT STREET L C, DOROTHY ST BOGE DRIVE   |                     | □ Delete   | TITLI NAM STRE CITY TITLI NAM STRE CITY   | EE ADDRESS - ST-ZIP E EE ADDRESS - ST-ZIP  E- ST-ZIP  E- ST-ZIP  | AC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | Change                 | N 10 Addition   ☐ Addition   ☐ Addition   ☐ Addition |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME   | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCII<br>1422 WES<br>TAMPA, F<br>RS<br>LEKES, JG   | OFFICERS AND D STANLEY J. J DRIENT STREET C, DOROTHY ST BOGE DRIVE L 33614 OSEPH A   |                     |  | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI   | EET ADDRESS - ST - ZIP EET ADDRESS - ST - ZIP EET ADDRESS - ST - ZIP E   | AC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | RECTORS Change         | State IN 10 Addition                                 |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE   | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCII<br>1422 WES<br>TAMPA, F<br>RS<br>LEKES, JG<br>3415 PICC  | OFFICERS AND D STANLEY J. J DRIENT STREET C, DOROTHY ST BOGE DRIVE L 33614 OSEPH A   |                     | □ Delete   | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE  | EE EET ADDRESS -ST-ZIP  E EET ADDRESS -ST-ZIP  E EET ADDRESS -ST-ZIP  E  | ΑC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | Change                 | N 10 Addition   ☐ Addition   ☐ Addition   ☐ Addition |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCII<br>1422 WES<br>TAMPA, F<br>RS<br>LEKES, JI<br>3415 PICC<br>TAMPA, F  | OFFICERS AND D STANLEY J. J DRIENT STREET C, DOROTHY ST BOGE DRIVE EL 33614  OSEPH A D DR EL 336142750   |                     | □ Delete   | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE  | EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS  | AC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | Change                 | N 10   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP  | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCII<br>1422 WES<br>TAMPA, F<br>RS<br>LEKES, JI<br>3415 PICC<br>TAMPA, F  | OFFICERS AND D STANLEY J. J DRIENT STREET C, DOROTHY ST BOGE DRIVE EL 33614  OSEPH A D DR EL 336142750  K, RUTH M  |                     | ☐ Delete   | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY   | EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS -ST-ZIP EET ADDRESS  | AC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | Change  Change         | N 10   |
| 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP                       | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCII<br>1422 WES<br>TAMPA, F<br>RS<br>LEKES, JU<br>3415 PICC<br>TAMPA, F<br>T<br>ROMANU<br>5411 ORII<br>TAMPA, F  | OFFICERS AND D STANLEY J. J DRIENT STREET C, DOROTHY ST BOGE DRIVE EL 33614  OSEPH A D DR EL 336142750  K, RUTH M  |                     | Delete Delete Delete   | TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY TITLI NAM STRE CITY   | EET ADDRESS -ST-ZIP  E EIE ADDRESS -ST-ZIP  E EIE EET ADDRESS -ST-ZIP  E EIE EET ADDRESS -ST-ZIP  E EIE EET ADDRESS -ST-ZIP  | AC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | Change  Change  Change | N 10   |
| 10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCII<br>1422 WES<br>TAMPA, F<br>RS<br>LEKES, JI<br>3415 PICC<br>TAMPA, F<br>T<br>ROMANU<br>5411 ORII<br>TAMPA, F<br>FS<br>ROMANU<br>5411 ORII             | OFFICERS AND D  STANLEY J. J  DRIENT STREET  C, DOROTHY  ST BOGE DRIVE  L 33614  OSEPH A  D DR  L 336142750  K, RUTH M  ENT RD                                 |                     | ☐ Delete   | TITLI NAM STRE CITY | EET ADDRESS -ST-ZIP  E EET ADDRESS   | AC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | Change  Change         | N 10   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | PD<br>SLOWIK,<br>1922 W. C<br>TAMPA, F<br>VP<br>VALENCII<br>1422 WES<br>TAMPA, F<br>RS<br>LEKES, JI<br>3415 PICC<br>TAMPA, F<br>T<br>ROMANU<br>5411 ORII<br>TAMPA, F<br>FS<br>ROMANU<br>5411 ORII<br>TAMPA, F | OFFICERS AND D  STANLEY J. J  DRIENT STREET  C. DOROTHY  ST BOGE DRIVE  33614  OSEPH A  D DR  L 336142750  K, RUTH M  ENT RD  L 336104118  K, RUTH M  ENT ROAD |                     | Delete Delete Delete   | TITLI NAM STRE CITY | EET ADDRESS -ST-ZIP  E EET ADDRESS | AC   |  |                | S TO OFF   | Florida<br>FICERS        | ANO DI       | Change  Change  Change | N 10   |

12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CITY-ST-ZIP

SIGNATURE: STANLEY J. Slow, KJR, Suntained NAME OF SIGNING OFFICEROR DIRECT

TAMPA, FL

Shurt . 240ct.05

813 873-0667