

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 SEP 29 AM 9:51

KS

DOCUMENT # 702553

1. Corporation Name

POLISH AMERICAN CLUB OF TAMPA
INC.

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

1707 W. CLIFTON ST

Suite, Apt. #, etc.

3. Mailing Office Address

1707 WEST CLIFTON ST.

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA, FLORIDA

Zip

33603

Country

Hillsborough

Zip

33603

Country

Hillsborough

REINSTATEMENT 09-10

4. Date Incorporated or Qualified
To Do Business in Florida

6/13/61 1956

5. FEI Number

591585318

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

STANLEY J. SLOWIK JR

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

6002 N. ROME AVE

Suite, Apt. #, Etc.

City

TAMPA, FL 33604

State

FL

Zip Code

33604

700186124017
10/01/10--01003--005 **297.50

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

Stanley J. Slowik Jr.

REGISTERED AGENT MUST SIGN

Date

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
P	STANLEY J SLOWIK JR	6002 N ROME AVE	Tampa 33604
T	RUTH ROMANUK	818 W. LINDBERGH AVE APT 215A	Tampa 33613
F/S	RUTH ROMANUK	818 W. LINDBERGH AVE	Tampa 33617
RS	JOSEPH A. LEIKER	3445 PICO DR	Tampa FL 33614
VP	JOHN SKILDANBEK	1707 W. CLIFTON ST	Tampa 33603

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

Stanley J. Slowik Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 SEP. 10

Date

Daytime Phone #