

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

DOCUMENT # **702553**

1. Corporation Name
**POLISH AMERICAN CLUB OF TAMPA
INC.**

KS

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.

REINSTATEMENT 09-10

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

4. Date Incorporated or Qualified To Do Business in Florida **6/13/61**

5. FEI Number
591585318

Applied For
 Not Applicable

Zip Country
33603 Hillsborough 33603 Hillsborough

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 State Zip Code
TAMPA, FL 33604 FL 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 32604
T	RUTH ROMANUK	818 W. LINDBAUGH AVE APT 215A	Tampa 33613
F/S	RUTH ROMANUK	818 W. LINDBAUGH AVE	Tampa 33617
RS	JOSEPH A. LEICER	3415 PICO DR	Tampa FL 33604
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 #