PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION REINSTATEMENT

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

FILED
00 JUL -3 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N 94000004658

1. Corporation Name

POLISH NATIONAL ALLIANCE LODGE 3216 INC

W-14PR

2. Principal Office Address	**3.** Mailing Office Address
1155 KERWOOD CIRCLE	1155 KERWOOD CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
OVIEDO FL	OVIEDO FL
Zip: 32765-6194 Country: USA	Zip: 32765-6194 Country: USA

REINSTATEMENT 98.75

4. Date Incorporated or Qualified To Do Business in Florida: 19 SEPTEMBER 1994

5. FEI Number: 51-0143603 — 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: WILLIAM J. ODAHOWSKI

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-07/20/00--01054--00
****367.25 ****367.25

Street Address (P.O. Box Number is Not Acceptable): 1155 KERWOOD CIRCLE

Suite, Apt. #, Etc.:

LS

City: OVIEDO — State: FL — Zip Code: 32765-6194

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: [signature] Date: May 31, 2000

WILLIAM J. ODAHOWSKI REGISTERED AGENT MUST SIGN 6-29-2000

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/D	WILLIAM J. ODAHOWSKI	1155 KERWOOD CIRCLE	OVIEDO FL 32765-6194
V/D	ALBERT E. FLISS	604 WEBSTER AV	ALTAMONTE SPRINGS FL 32701-6315
LADY V/D	SUSAN KNOWLES	603 LAKESPUR LANE	ALTAMONTE SPRINGS FL 32714-7401
FIN. S/D	HANNA LEJA	806 RIVER BOAT CIRCLE	ORLANDO FL 32828-9111
S/D	DAVID ODAHOWSKI	345 PRAIRIE DUNE WAY	ORLANDO FL 32828-8863
TREA/D	STELLA BONCLER	7613 PERSIAN CT	ORLANDO FL 32819-4629

10. 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: [signature] 6-24-2000 May 31, 2000 (407) 365-2586

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WILLIAM J. ODAHOWSKI

Stella Boncler / Treasurer / Director

STELLA BONCLER June 29, 2000 (407) 351-0105