

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 3:25

DOCUMENT # N95000004201

1. Corporation Name

POLISH CENTER OF JOHN PAUL II, INC.

Principal Place of Business

1521 NORTH SATURN AVE.
CLEARWATER FL 33758

Mailing Address

1521 NORTH SATURN AVE.
CLEARWATER FL 33758



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

REINSTATEMENT 01

4. Date Incorporated or Qualified
To Do Business in Florida

09/01/1995

5. FEI Number

59-3335866

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)

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City, State, Zip |
|----------|---|--|--|
| 1 | 2 | 3 | 4 |
| PD | PYZ, JERZY GLOWACKI ANDREW | 5071 10TH AVE. N. 3958 TALAH DRIVE | ST. PETERSBURG FL 33710 PALM HARBOR FL 34684 |
| VD | OSINSKI, LEOPOLD BERESNIEWICZ JOLANTA | 929 S. DAKOTA 3816 104 AVE. N. | TAMPA FL 33600 CLEARWATER FL 33762 |
| SD | OGRODNY, ZOFIA | 445 CORONADO DR. 140 BRIGHT WATER DR. | CLEARWATER BEACH FL 33767 |
| D | BIEDAL, MAREK KARWOWSKI ZYGMUNT | 7207 ORKNEY AVE. N. 1160 BLUFFS CIRCLE | ST. PETERSBURG FL 33709 DUN EDIN FL 34698 |
| D | ISKRA, KRYSZYNA PRZYCHODZEN BUNIA | 1733 CASEY JONES CT. 3076 KAROK KOVE DR. | CLEARWATER FL 33765 CLEARWATER FL 33759 |
| D | KOT WLADYSLAW | 335 S. HIGHLAND AVE | CLEARWATER FL 33765 |

8. Name and Address of Current Registered Agent

PYZ, JERZY
5071 10TH AVE. N.
ST. PETERSBURG FL 33710

9. Name and Address of New Registered Agent

Name
GLOWACKI ANDREW
Street Address (P.O. Box Number is Not Acceptable)
3958 TALAH DRIVE
Suite, Apt. #, Etc.
City
PALM HARBOR
State
FL
Zip Code
34684

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

Andrew Glowacki

Date 10-17-01

REGISTERED AGENT MUST SIGN

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:

OGRODNY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-17-01 (727) 447-3929