



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N99000001696</b> 1. Entity Name POLISH MISSION FOUNDATION, INC.						FILED 06 NOV 15 AM 10:44 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business ATTN: MICHAEL F. GASTOM 1431 SOUTH OCEAN BLVD #56 20 LAUDERDALE BY THE SEA, FL 33062				Mailing Address ATTN: MICHAEL F. GASTOM 1431 SOUTH OCEAN BLVD #56 20 LAUDERDALE BY THE SEA, FL 33062			
2. Principal Place of Business		3. Mailing Address		 10242006 REIN-NP CR2E099 (11/05) 0.06			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 68-0904258				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent			
GASTOM, MICHAEL F 1431 SOUTH OCEAN BLVD. #56 20 LAUDERDALE BY THE SEA, FL 33062				7. Name and Address of New Registered Agent			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
SIGNATURE <u>Michael F. Gastom</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>11-12-06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CIEPLAK, URSZULA 310 S OCEAN BLVD #406 BOCA RATON, FL 33432			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900081790700 11/15/06--01019--013 **297.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLSZEWSKI, JERRY 3420 NE 16TH ST #5 POMPANO BEACH, FL 33062			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GASTOM, MICHAEL 1431 S OCEAN BLVD #56 20 LAUDERDALE BY THE SEA, FL 33062			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DABROWSKI, ZOFIA 3150 PALM AIRE DR POMPANO BEACH, FL 33069			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SKATARZYNA ZIELINSKI 670 N.E. 56TH COURT FT. LAUDERDALE, FL 33334		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.							
SIGNATURE: <u>Michael F. Gastom (MICHAEL F. GASTOM)</u> 11/12/06 954-942-4811 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							