## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N9900003610  1. Entity Name GENERAL CASIMIR PULASKI, POST 204, THE POLISH LEGION OF AMERICAN VETERANS, U.S.A., INC.						FILED		
Principal Place of Business  DAV HALL  ORANGE CITY, FL 32763  Mailing Address PO BOX 0541 ORANGE CITY, FL 32763  ORANGE CITY, FL 32763			i		_	MAR -7 PH   Reiz	2: 30	81 &1 (8 <b>4</b> )
Suite, Apt. #, etc. Suite, Apt. #, etc.			5541		02092007 <sub>REIN-</sub>	NP CR2E	099 (1/07)	
City & Stat	BLUE SPAING RD	City & State	City & State  DELTO IV A, FL  Zip ————————————————————————————————————		4. FEI Number 59-3585683		<u> </u>	lied For Applicable
Zip - 3276	Country Country	32728-6541	-Country -		5. Certificate of Statu	s Desired 🗀 🧻	\$8.75-Additi	
	6. Name and Address of Current F	Registered Agent	Name		7. Name and Addres	s of New Registered	Agent	
SKRZYÄCZAK, MICHAEL F 1745 BAVON DRIVE DELTONA, PL 32725				Street Address (P.O. Bakk) umber is Not Acceptable y				
52275177, 12 52725			City	Aeltona 71. 32725-3535				
8. The above	named entity submits this statement for	the purpose of changing its re	1 '	r register	ed agent, or both, in the	State of Florida. 1 am	•   '	nd accent
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.  SIGNATURE Henry (). Densing 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.								
SIGNATURE Herry J. Linding S. Signature, typed or of tited infine of registered agent and site flagolicable. (NOTE: Registered Agent eigneture required when reinstating)  DATE								
FILE NOW!!! FEE IS \$122.50  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  Make check payable to Florida Department of State								_
TITLE	OFFICERS AND DIR	ECTORS Delete	11.	J R	ADDITIONS/CHANGES	TO OFFICERS AND DI		
NAME STREET ADDRESS	KAMINSKI, ROBERT J 1460 E LOMBARDY	Delete	NAME STREET ADDRESS	KR1	tw cztnsi 5 calow	TI STANE	□ Change ∵ Y	Addition
CITY-ST-ZIP TITLE	DELTONA, FL 32725	Delete	CITY-ST-ZIP	ORA	INGE CITY	12 3 27		☐ Addition
NAME STREET ADDRESS	STRZYPCAK, MICHAEL F 1745 BAVON DRIVE		name Street address		1000	9937648	331	_
CITY-SI-ZIP	DELTONA, FL 32725		CITY-ST-ZÎP		03/20/01-	-01016012	**122.5	>U 
TITLE NAMÉ	JRC ANDERSON, WILLIAM	Delete	TITLE NAMÉ			. 1	Change	Addition
STREET ADDRESS CITY-ST-ZIP	2025 E BARLINGTON DR DELTONA, FL 32725		STREET ADDRESS CITY-ST-ZIP		T.	3, 2/	8/07	
TITLE .	2YT BUKOWSKI, LAWRENCE	☐ Delete	TITLE NAME	ר	CIMOTATE	MAPNIT	Change	Addition
STREET ADDRESS CITY-ST-ZIP	3171 PIGEION COVE. DELTONA, FL 32725		STREET ADDRESS CITY-ST-ZIP	K	EINSTATE	MENI_	0-0	<u>2</u>
TITLE NAME	1YT ZIARNIK, JOHN G	☐ Delete	TITLE NAME			'	Change	Addition
STREET ADDRESS	307 WATERFORD HTS DEBARY, FL 32713		STREET ADDRESS CITY-ST-ZIP					
TITLE NAME	3YT ORAVETZ, EDWARD J	☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS CITY-ST-ZIP	1912 E CHAPEL DRIVE DELTONA, FL 32738		STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling 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: Henry J. DENSING, SR.  SIGNATURE: DENSING OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Obviling Phone #								
		12 /				-		L L