

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000005832

1. Entity Name  
ST. JOSEPH'S CATHOLIC RESOURCES CENTER, INC.



FILED

05 JAN 24 AM 10:33

Principal Place of Business  
28925 U.S. HWY. 19 NORTH  
CLEARWATER, FL 33761-2407 US

Mailing Address  
28925 U.S. HWY. 19 NORTH  
CLEARWATER, FL 33761-2407 US

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04-05

2. Principal Place of Business  
28925 US 19 North

3. Mailing Address  
28925 US 19 North



12

01042005 REIN-P CR2E098 (6/04)

City & State  
CLEARWATER, FL  
Zip 33761 Country USA

City & State  
CLEARWATER, FL  
Zip 33761 Country USA

4. FEI Number  
59-3372564

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

PAWLOSKI, DONALD  
28925 U.S. HWY. 19 N.  
CLEARWATER, FL 33761

*[Signature]*

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*[Signature: Donald T. Pawloski]*

*[Signature: Dec. 30, 2004]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	PAWLOSKI, DONALD	
STREET ADDRESS	28925 U.S. HWY. 19 N.	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, LEONARD	
STREET ADDRESS	28925 U.S. HWY. 19 N.	
CITY-ST-ZIP	CLEARWATER, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIOTROWSKI, LORETTA T	
STREET ADDRESS	28925 U.S. HWY. 19 N.	
CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

400045622664  
01/31/05--01008--013 \*\*300.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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:

*[Signature: Donald T. Pawloski]*

*[Signature: Dec. 30, 2004]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12-10-04

To Whom It May Concern -

I (We) are very grateful for  
your consideration. We were not  
able to get notices for awhile  
and we called in Nov. - 3

Hurricanes deeply affected us &  
our business & our customers -

hence we are late - We do not  
wish to dissolve the corporation.

Enclosed please a check to  
cover our expenses.

St. Joseph's CRC -

Clearwater FL.

L. B. H.