

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 JAN -2 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000034800

1. Corporation Name

THE POLISH AMERICAN CLUB OF NORTH LAUDERDALE, F  
LA., INC.

Principal Place of Business

Mailing Address

935 ROCK ISLAND ROAD  
NORTH LAUDERDALE FL 33068

935 ROCK ISLAND ROAD  
NORTH LAUDERDALE FL 33068

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

04/16/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

51-0166627

Not Applicable

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
DP	DAVID, CHESTER	7011 NW 79 AVE.	TAMARAC FL
DV	MULARCZKY, JOSEF	602 SW 75 AVE.	N. LAUDERDALE FL
DT	ZIMA, LILLIAN	3990 NW 42 AVE.	FT. LAUDERDALE FL
DS	MARGRABIA, LOUISE	935 ROCK ISLAND ROAD	NORTH LAUDERDALE FL 33068

8. Name and Address of Current Registered Agent

FERRARO, JOSEPH  
935 ROCK ISLAND ROAD  
NORTH LAUDERDALE FL 33068

9. Name and Address of New Registered Agent

Name

500002391315-0

-01/06/98--01075--024

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

750.00 \*\*\*750.00

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Joseph Ferraro*

REGISTERED AGENT MUST SIGN

Date

11/03/97

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12. 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:

*Chester David* CHESTER David D.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/03/97 954-726-2473

CR2E040 (8/97)