



# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 706850</b> 1. Entity Name <b>VERO BEACH THEATRE GUILD INC.</b>						05 NOV 2006 10:52	
Principal Place of Business <b>2020 SAN JUAN AVE</b> <b>VERO BEACH, FL 32960 US</b>				Mailing Address <b>P.O. BOX 1502</b> <b>VERO BEACH, FL 32961 US</b>			
2. Principal Place of Business <i>Same as above</i>		3. Mailing Address <i>Same as above</i>		 <b>REINSTATEMENT</b> 10282006 REIN-NOV CR2E009 11/17/06			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number <b>59-6159056</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>							
6. Name and Address of Current Registered Agent  <b>SEELEY, HENRY W</b> <b>2300 INDIAN CREEK BLVD W</b> <b>C-321</b> <b>VERO BEACH, FL 32966</b>				7. Name and Address of New Registered Agent  Name <b>PAUL AMARU</b> Street Address (P.O. Box Number is Not Acceptable) <b>440 W. Forest Trail</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32962</b>			
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 <i>x Paul Amaru</i> <b>PAUL AMARU, President</b> <b>11-17-06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$236.25</b> <b>After January 1, 2007, Fee will be \$297.50</b>				<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SEELEY, HENRY W 2300 IND. CRK. BLVD. W. C-321 VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PAUL Amaru 440 W. Forest Trail Vero Beach, FL 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PECK, BARBARA 2260 CORDOYN AVE VERO BEACH, FL 32960	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SANDI Lardani 5845 Magnolia Ln. Vero Beach, FL 32967	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AMARU, PAUL 440 WEST FORREST TRAIL VERO BEACH, FL 32958	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SUE Burkett 105 Grove Isle PLACE Vero Beach, FL 32962	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHESTNUT, JAY L 6466 55 STREET VERO BEACH, FL 32967	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T John M. Trohney 1470 Old Dixie Hwy. Vero Beach, FL 32966	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ADAMO, FRANK 799 BREAKWATER TERRACE SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Dominic Lettiere 1225 24th Ave. Vero Beach, FL 32960	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCREYNOLDS, PEGGY 4510 9TH PLACE VERO BEACH, FL 32966	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JAN Myers 100 S. Wimbrow Dr. Vero Beach, FL 32958	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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: <i>x Paul Amaru</i> <b>PAUL AMARU, President</b> <b>(772) 794-4784</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							