

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F42317

1. Entity Name
VILLAGE PROPERTIES, INC.



FILED

08 APR -3 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1553 N.E. ARCH AVENUE
JENSEN BEACH, FL 34957

Mailing Address
1553 N.E. ARCH AVENUE
JENSEN BEACH, FL 34957

2. Principal Place of Business - No P.O. Box #
505 SOUTH FLAGLER DRIVE
Suite, Apt. #, etc.
SUITE 1100

3. Mailing Address
505 SOUTH FLAGLER DRIVE
Suite, Apt. #, etc.
SUITE 1100



City & State
WEST PALM BEACH, FL

City & State
WEST PALM BEACH, FL

4. FEI Number
42-1170766

Applied For
Not Applicable

Zip
33401

Country
USA

Zip
33401

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE STEPHENS LOVELACE, P.A.
14400 N.W. 77TH COURT
306
MIAMI LAKES, FL 33016

7. Name and Address of New Registered Agent

Name
JONES FOSTER SERVICE, LLC
Street Address (P.O. Box Number is Not Acceptable)
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL Zip Code 33401

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 *MBR.* JOHN B. MCCracken, MANAGER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/1/08

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
STD	CLARK, JACK	1553 N.E. ARCH AVENUE	JENSEN BEACH, FL	<input type="checkbox"/>
VD	CLARK, CHRISTOPHER	1553 N.E. ARCH AVENUE	JENSEN BEACH, FL	<input type="checkbox"/>
PD	CLARK, MARTY	1553 N.E. ARCH AVENUE	JENSEN BEACH, FL	<input type="checkbox"/>
DO	CLARK, DEBORAH L	1553 NE ARCH AVE	JENSEN BEACH, FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
STD	CLARK, JACK	405 6TH AVENUE, SUITE 1300	DES MOINES, IA 50309	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	CLARK, CHRISTOPHER A.	6 GATEWAY BOULEVARD WEST	SAVANNAH, GA 31419	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PD	CLARK, MARTY B.	505 SOUTH FLAGLER DRIVE, SUITE 1100	WEST PALM BEACH, FL 33401	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DO	CLARK, DEBORAH L.	6 GATEWAY BOULEVARD WEST	SAVANNAH, GA 31419	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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: *Marty B. Clark* MARTY B. CLARK, PRESIDENT 4/1/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #