



2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N05827 1. Entity Name THE VILLAGE PLAYERS, INC.						05 DEC -2 AM 8:25 SEC. OF STATE TALLAHASSEE, FLORIDA 05	
Principal Place of Business 501 US HIGHWAY ONE (VILLAGE HALL) N. PALM BEACH, FL 33408				Mailing Address 501 US HIGHWAY ONE (VILLAGE HALL) N. PALM BEACH, FL 33408			
2. Principal Place of Business		3. Mailing Address		 1142005 REIN-NP CR2E099 (6/04)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number 59-2777436				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent SMITH, ROMA 8146 S. VIRGINIA AVENUE PALM BCH GARDENS, FL 33418			
7. Name and Address of New Registered Agent Name Barbara Hatzfeld Street Address (P.O. Box Number is Not Acceptable) 319 Club Drive City Palm Beach Gardens FL Zip Code 33418				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>Barbara Hatzfeld</i> Barbara Hatzfeld 11/30/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$61.25 After January 1, 2006, Fee will be \$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				10. OFFICERS AND DIRECTORS			
TITLE	D	<input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
NAME	BEATTY, JEAN		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
STREET ADDRESS	2555 PGA BLVD #173		NAME	Rocky Diattolico			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		STREET ADDRESS	1551 NW 4th Street			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410		CITY-ST-ZIP	Boca Raton, FL 33401			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WOLF, ROSEANN		NAME	500061869495			
STREET ADDRESS	8 COMPTON WAY		STREET ADDRESS	12/02/05--01051--003 ***61.25			
CITY-ST-ZIP	BOYNTON BCH, FL 33426		CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	Roma Smith			
NAME	DEMARIO, ARTHUR		STREET ADDRESS	8146 South Virginia Ave			
STREET ADDRESS	3826 WHITEHALL DRIVE, APT. 104		CITY-ST-ZIP	Palm Beach Gardens, FL 33418			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	George Wendell Smartt			
NAME	SCHEIHING, BARBARA		STREET ADDRESS	17839 Thelma Avenue APT G			
STREET ADDRESS	804 5TH ST		CITY-ST-ZIP	Jupiter, FL 33458			
CITY-ST-ZIP	LAKE PARK, FL 33403		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	<input checked="" type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLLINS, ALAN		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	902 GARNETT ST		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP	LANTANA, FL 33462		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	TA	<input type="checkbox"/> Delete	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	HATZFELD, BARBARA		STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	319 CLUB DRIVE		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
CITY-ST-ZIP	PALM BEACH GARDENS, FL 334187071		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 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>Barbara Hatzfeld</i> Barbara Hatzfeld 11/30/05 561-886-8243 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							