

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 16 AM 9:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05827

1. Corporation Name

THE VILLAGE PLAYERS, INC.

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

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

10/24/1984

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2777436

Applied For

Not Applicable

City & State

City & State

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BEATTY, JEAN	2555 PGA BLVD, #173	PALM BEACH GARDENS, FL 33410
TD	WOLF, ROSEANN	8 COMPTON WAY	BOYNTON BCH FL 33426
PDC	DEMARIO, ARTHUR	2013 BEDFORD DR	PALM BEACH GARDENS FL 33403
VD	DIANE FINCH	8764 BURMA RD	LAKE PARK, FL 33403
SD	DEMARIO, CARMELINE	2013 BEDFORD DR	PALM BEACH GARDENS FL 33403
D	COLLINS, ALAN	902 GARNETT ST	LANTANA FL 33462

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SMITH, ROMA
8146 S. VIRGINIA AVENUE
PALM BCH GARDENS FL 33418

Name

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

Suite, Apt. #, Etc.

City

State

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. or 617.0505, F.S.

Signature of
Registered Agent

Roma Smith
SIGNATURE REQUIRED

Date 11-14-02

REGISTERED AGENT MUST SIGN

11. 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:

Rose Ann Wolf
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone