## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P96000013523

FINE, MARTIN

MIAMI, FL 33131

701 BRICKELL AVE., STE 3000

Name: Address:

City-St-Zip:

Entity Name: VILLAGE ASSOCIATES, INC.

FILED Oct 11, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 6489 SUNSET DRIVE SOUTH MIAMI, FL 33143 **Current Mailing Address: New Mailing Address:** 6489 SUNSET DRIVE SOUTH MIAMI, FL 33143 FEI Number: 65-0648105 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FINE, MARTIN ESQ 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131 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. SIGNATURE: MARTIN FINE Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition FINE, MARTIN Name: Name: 701 BRICKELL AVE. SUITE 3000 Address: Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: Title: Title: () Delete () Change () Addition Name: GOULD, GERALD Name: 6489 SUNSET DRIVE Address: Address: SOUTH MIAMI, FL 33143 City-St-Zip: City-St-Zip: Title: Title: PAS ( ) Delete () Change () Addition GOULD, GERALD Name: Name: 6489 SUNSET DRIVE Address: Address: City-St-Zip: SOUTH MIAMI, FL 33143 City-St-Zip: Title: VST () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: GERALD H. GOULD PRES 10/11/2005