

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 JUL 23 AM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F04000001060

1. Corporation Name

**VAIL COMPANIES, INC.**

W070000032186

2. Principal Office Address - No P.O. Box #

27500 RIVERVIEW CENTER BLVD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BONITA SPRINGS, FL

City & State

Zip

34134

Country

USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

2/25/04

5. FEI Number

11-3465089

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name  
**CORPORATION SERVICE COMPANY**

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City  
TALLAHASSEE

State  
FL

Zip Code  
32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with **Jeanine Reynolds** as its agent

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

7-18-07

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	JASON S. FLEGEL	27500 RIVERVIEW CTR. BLVD.	BONITA SPRINGS, FL 34134
S	DOUGLAS J. BATES	27500 RIVERVIEW CTR. BLVD.	BONITA SPRINGS, FL 34134
AS	MIKE ROGGE	27500 RIVERVIEW CTR. BLVD.	BONITA SPRINGS, FL 34134

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10. 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 contained in Chapter 119, 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:

DOUGLAS J. BATES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/07  
Date

239-949-4450  
Daytime Phone #

6. Michael III 23 2007