

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000046287

1. Corporation Name

VAIL NIGHTCLUBS, INC.

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

228 BRIDGE STREET

Suite, Apt. #, etc.

STE. 300

City & State

VAIL, CO

Zip

81658

Country

USA

3. Mailing Office Address

6901 SW 18TH STREET

Suite, Apt. #, etc.

STE. E202

City & State

BOCA RATON, FL

Zip

33433

Country

USA

7. Name and Address of Current Registered Agent

Name

MITCHEL D. GARFINKEL

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

6901 SW 18TH STREET

Suite, Apt. #, Etc.

STE. E202

City

BOCA RATON, FL

State

FL

Zip Code

33433

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

✓

[Signature]

REGISTERED AGENT MUST SIGN

Date

✓

6/30/04

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
PD	MITCHEL D. GARFINKEL	6901 SW 18TH STREET	BOCA RATON, FL 33433

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: ✓

[Signature]

MITCHEL GARFINKEL
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

✓ 6/30/04

Daytime Phone #

(954)523-2440

FILED

09 JUL 13 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000158440200
07/14/09--01009--003 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida 05/09/2001

5. FEI Number
58-2638596

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☒ 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.