

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT -9 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000607247

1. Limited Liability Company's Name

Appalachian Corkscrew, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 12734 Kenwood Lane		3. Mailing Office Address 12734 Kenwood Lane	
Suite, Apt. #, etc. Suite 35		Suite, Apt. #, etc. Suite 35	
City & State Fort Myers, Florida		City & State Fort Myers, Florida	
Zip 33907	Country US	Zip 33907	Country US

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 10/26/1999	
6. FEI Number 311669599	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
James P. Carroll

Street Address (P.O. Box Number is Not Acceptable)
12734 Kenwood Lane

Suite, Apt. #, Etc.
Suite 35

City
Fort Myers State **FL** Zip Code **33907**

A \$100 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 \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent *James P. Carroll* Date **September 14, 2007**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMBER	Appalachian Oil Corporation	12734 Kenwood Lane, Suite 35	Fort Myers, FL 33907
MEMBER	Barbara Amar	4825 Griffin Blvd	Fort Myers, FL 33908
MEMBER	Glen E. Van Slyke, Jr., Trustee	9803 Clear Lake Circle	Naples, FL 34101
MEMBER	Haskel Ayers	P.O. Box 1467	La Follette, TN 37766
MGR	Harry Yeaggy	8534 E. Kemper Road	Cincinnati, OH 45249

REINSTATEMENT ⁰⁴⁻⁰⁷ **600110176826**
10/09/07--01023--013 **300.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager *Harry Yeaggy* Date **9/14/07** Daytime Phone # **513-489-1955**

Typed or printed name of signing Managing Member/Manager **Harry Yeaggy**