

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



OFFICE OF THE SECRETARY OF STATE
DIVISION OF CORPORATIONS

L01000011778

FILED

03 MAR -5 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000011778

1. Limited Liability Company's Name

ROCK CREEK PETROLEUM, L.L.C.

2. Principal Office Address

237 PALM DRIVE

Suite, Apt. #, etc.

City & State

PANAMA CITY, FL

Zip

32413-3048

Country

3. Mailing Office Address

449-D DARBY CREEK ROAD

Suite, Apt. #, etc.

City & State

LEXINGTON, KY

Zip

40509

Country

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

7/18/2001

6. FEI Number

61-1395751

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

SARA W. JONES

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

237 PALM DRIVE

Suite, Apt. #, Etc.

City

PANAMA CITY

State

FL

Zip Code

32413-3048

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

Sara W. Jones

REGISTERED AGENT MUST SIGN

Date

02-27-03

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
MNG MEMBER	VIRGIL WILEY	449-D DARBY CREEK ROAD	LEXINGTON, KY 40509
MEMBER	SARA W. JONES	1701 BRADFORD LANE	BESSEMER, AL 35022
MEMBER	GROVER H. PHILLIPS	1924 ELVIN ROAD	STILLWATER, OK 74074

REINSTATEMENT 2002-2003

BK

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

Virgil Wiley

Date 2-25-03

Daytime Phone # 606-789-7482

Typed or printed name of signing Managing Member/Manager

VIRGIL WILEY