


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

CORPORATION



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 FEB 18 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000013345

1. Corporation Name

UNIVERSAL CASH & CARRY, INC.

2. Principal Office Address

715 NE 44TH CT

Suite, Apt. #, etc.

3. Mailing Office Address

715 NE 44TH CT

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

FORT LAUDERDALE, FL

Zip

33334

Country

Zip

33334

Country

4. Date Incorporated or Qualified To Do Business in Florida

FEB 15, 1995

5. FEI Number

65-0557084

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

CLEM BOTTIGLIERI

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

1112 NW 18TH CT

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

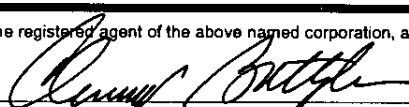
FL

Zip Code

33311

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



REGISTERED AGENT MUST SIGN

Date

FEB 14, 2002

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
V/T/S	TAFFY JOWDY, JR	715 NE 44TH CT	FORT LAUD., FL 33334
P	KENNETH JOWDY	715 NE 44TH CT	FORT LAUD., FL 33334
D	JAMES JOWDY	715 NE 44TH CT	FORT LAUD., FL 33334
D	TAFFY JOWDY, SR	715 NE 44TH CT	FORT LAUD., FL 33334

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

FEB 14, 2002

Daytime Phone #

954-491-2330

CR2E081 (9/01)

PAGE 2 of 2

UNIVERSAL CASH & CARRY, INC.

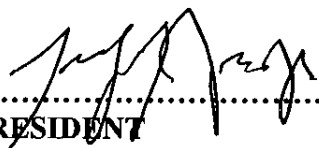
751 NE 44TH COURT
FORT LAUDERDALE, FL 33334
954-491-2331, 954-771-8433 (FAX)

**RE-STATEMENT SECTION
DIVISION OF CORPORATION**

**YOU FIND ENCLOSED AN APPLICATION FOR PROFIT CORPORATION
REINSTATEMENT AND A CHECK PAYABLE TO DEPARTMENT OF STATE
FOR \$ 923.75 (\$915.00 AS REINSTATEMENT FEES + \$ 8.75 FOR A
CERTIFICATE OF STATUS).**

**AS PER OUR TELEPHONIC CONVERSATION WE CONFIRM THAT WE DID
NOT RECEIVE YOUR MAIL FOR RENEWALS MIGHT BE BECAUSE
SOMETIMES OUR MAIL GO BY MISTAKE TO OUR NEIGHBOUR AT 751 NE
44TH STREET. SO PLEASE CONSIDER THIS LETTER TO REDUCE THE FEES
TO \$ 915.00.**

THANK YOU FOR YOUR CO-OPERATION,


.....
V. PRESIDENT

FEBRUARY 14, 2002

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


02 FEB 18 AM 10:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300005064339--5

-03/07/03--01052--015

***1050.00 ***1050.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #: <i>F99000004800</i>			
1. Corporation Name AOC Shareholders, Inc.			
CROSS REFERENCE NAME: Appalachian Oil Corporation			
2. Principal Office Address 12734 Kenwood Lane Suite, Apt. #, etc. Suite 35 City & State Fort Myers, FL Zip 33907		3. Mailing Office Address (Same) Suite, Apt. #, etc. City & State Country U.S.A.	

4. Date Incorporated or Qualified To Do Business in Florida 9/13/99	
5. FEI Number 61-0673220	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status.	

7. Name and Address of Current Registered Agent	
Name James Carroll	
Street Address (P.O. Box Number is Not Acceptable) 12734 Kenwood Lane	
Suite, Apt. #, Etc. Suite #35	
City Ft. Myers,	State FL
Zip Code 33907	

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 <i>James Carroll</i>	Date 2/12/2002
REGISTERED AGENT MUST SIGN	

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
D/P/T	James Carroll	12734 Kenwood Lane, Ste.35	Ft. Myers, FL 33907
D/V/S	Louis S. Beck	38534 E. Kemper Rd	Cincinnati, OH 45249-1709
D/V	Harry Yeaggy	8534 E. Kemper Rd.	Cincinnati, OH 45249-1709
D/V	Todd Carroll	12734 Kenwood Lane, Ste.35	Ft. Myers, FL 33907

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 under section 119.07(3)(i), 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: <i>James Carroll</i>	James Carroll, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Date 2/12/2002	Daytime Phone # 941-278-5900

CR2E081 (9/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000014695**

1. Corporation Name

BACH DEVELOPMENT CORPORATION

2. Principal Office Address

205 Beach Drive North

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DESTIN, FL

City & State

Zip

32541

Country

Zip

Country

REINSTATEMENT

00-02

4. Date Incorporated or Qualified
To Do Business in Florida

2/15/99

5. FEI Number

65-0894993

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

NICOLO D. GULLO

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

205 Beach Drive North

Suite, Apt. #, Etc.

City

DESTIN

State
FL

Zip Code

32541

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]

Date **2/11/01**

REGISTERED AGENT MUST SIGN

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
Pres.	Christopher Lee Batchelor	205 Beach Drive North	DESTIN, FL 32541
Secretary Treasurer	NICOLO D. GULLO	205 Beach Drive North	DESTIN, FL 32541

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 under section 119.07(3)(i), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

(941) 707-9630

Daytime Phone #

CR2E081 (9/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB 18 PM 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P940000014201**

1. Corporation Name

STATELINE INC

600005064316--6

-03/07/02--01052--009

*****1050.00 ***1050.00**

2. Principal Office Address

6911 MAIN ST

Suite, Apt. #, etc.

124

City & State

MIAMI LAKES

Zip

33014

Country

DADE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

650466510

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

ADELINO AGOSTINHO

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

6911 MAIN ST

Suite, Apt. #, Etc.

124

City

MIAMI LAKES

State

FL

Zip Code

33014

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]

Date **2/8/02**

REGISTERED AGENT MUST SIGN

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	ADELINO AGOSTINHO	6911 MAIN ST #124	MIAMI LAKES 33014
VP	"	"	"

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 under section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/02

Date

954 658 8505

Daytime Phone #

CR2E081 (9/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

02 FEB 18 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000003044**

1. Corporation Name

Flight Management Services, Inc.

2. Principal Office Address

2385 Tower Drive

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34104

Country

Collier

3. Mailing Office Address

P.O. Box 7069

Suite, Apt. #, etc.

City & State

Naples, Florida

Zip

34101-7069

Country

Collier

4. Date Incorporated or Qualified
To Do Business in Florida

0109-1995

5. FEI Number

65-0546017

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-02

7. Name and Address of Current Registered Agent

Name

Thomas A. Collins, II, Esq., c/o Treiser, Lieberfarb, Collins & Vernon, Chtd.

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

4001 Tamiami Trail North, Suite 330

Suite, Apt. #, Etc.

City

Naples,

State

FL

Zip Code

34103

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

Thomas A. Collins, II

Date

2/12/02

REGISTERED AGENT MUST SIGN

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
D	Simpson, Harrison M.	4447 Wilder Road	Naples, FL 34105

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 under section 119.07(3)(i), 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:

Harrison M. Simpson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/8/02

Daytime Phone #

941 643
4505

CR2E001 (9/01)