

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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**DOCUMENT #** L03000030230

**1. Limited Liability Company's Name**

End of the Road, LLC

CR2E041 (8/05)

**2. Principal Office Address**  
2640 Golden Gate Parkway

Suite, Apt. #, etc.

Suite 304

City & State

Naples, FL

Zip

34105

Country

USA

**3. Mailing Office Address**  
2640 Golden Gate Parkway

Suite, Apt. #, etc.

Suite 304

City & State

Naples, FL

Zip

34105

Country

USA

**4. State/Country of Formation**  
Florida/Collier

**5. Date Organized or Qualified  
To Do Business in Florida** August, 2003

**6. FEI Number**  
87-0742556

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 J. Michael Coleman, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
2640 Golden Gate Parkway

Suite, Apt. #, Etc.

304

City

Naples

State

FL

Zip Code

34105

400081826164

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**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

REGISTERED AGENT MUST SIGN

Date 11/16/06

**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
MGRM	Coleman, Jerry	3208 S.E. Brookside Drive	Lees Summit, MO 64063-9504
MGRM	Arthur, Russ	125 Alecia Lane, S.E.	Cleveland, TN 37323
MGRM	Everett, Jason	106 Westchester Drive	White House, TN 37188

REINSTATEMENT 05-06

**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

Date 10/16/06

Daytime Phone# (913)205 4255

Typed or printed name of signing Managing Member/Manager

Jerry Coleman