

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC 20 AM 11:05
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003168

1. Corporation Name *Silk Road Foundation Corp.*

REINSTATEMENT 05

T Roberts DEC 21 2005
CR2E081 (8/05)

2. Principal Office Address
7715 West SR 235

3. Mailing Office Address
7715 West SR 235

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
11 April 2003

City & State
Alachua, FL

5. FEI Number *27-0053972* Applied For Not Applicable

Zip Country
32615 USA

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name *Charles Henderson*
Street Address (P.O. Box Number is Not Acceptable)
7715 West SR 235
Suite, Apt. #, Etc.
City *Alachua* State *FL* Zip Code *32615*

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 *Charles Henderson* Date *11/25/05*
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
President / Director	<i>Sean O'Neill Hobgood</i>	<i>116 Harding Place, Suite B4</i>	<i>Nashville, TN 37205</i>
Vice Pres. / Director	<i>Mark Zugsmith</i>	<i>2020 S. Western Ave., Suite 8</i>	<i>San Pedro, CA 90732</i>
Sec./Treas. / Director	<i>Jason Michael Brown</i>	<i>4423 Walnut St., Ground Floor</i>	<i>Philadelphia, PA 19104</i>

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)(f), 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: *Jason Michael Brown* Jason Michael Brown, Sec. Treas., Dir. 11/18/05 (610)704-7274
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #