

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

1/2

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 JAN -9 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **NO3000011055**

1. Corporation Name

AT THE END OF THE ROAD

2. Principal Office Address

1265 W. 26TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

1566 W. 24TH ST.

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL.

Zip

32209

Country

DUVAL

City & State

JACKSONVILLE, FL.

Zip

32209

Country

DUVAL

REINSTATEMENT

15-120

4. Date Incorporated or Qualified
To Do Business in Florida

12-15-2003

5. FEI Number

41-2120624

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

SAKINA V. BROWN

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

1566 W. 24TH ST.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32209

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01/25/06--01065--022 ** 31.25

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 **1-5-2006**

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.	SAKINA V. BROWN	1366 W. 24 TH ST.	JACKSONVILLE, FL. 32209
V-Pres.	Roland J. Bell Jr.	1566 W. 24 TH ST.	JACKSONVILLE, FL. 32209
TRES.	SECRETARY Vivan J. Mallory	2480 Mallory Hill Road	JACKSONVILLE, FL. 32221
SEC.	April M. Lyles	5073 Columbus Ave.	JACKSONVILLE, FL. 32254

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

1-5-06

Date

904)535-6924

Daytime Phone #

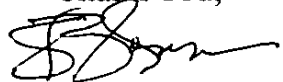
2/2

Department of State:

1/5/2006

I'm writing this letter to request that you waive my late fee for the year of 2005' do to the fact that I did not receive any notice.

Thank You,

 (Sakina V. Brown)

Registered Agent of "AT THE END OF THE ROAD INC."

DOC#N03000011055

FEI#41-2120624