

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

112

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

06 JAN -9 PM 3:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N03000011055**

1. Corporation Name

**AT THE END OF THE ROAD**

2. Principal Office Address

**1265 W. 26<sup>TH</sup> ST.**

Suite, Apt. #, etc.

3. Mailing Office Address

**1566 W. 24<sup>TH</sup> ST.**

Suite, Apt. #, etc.

City & State

**JACKSONVILLE, FL.**

Zip

**32209**

Country

**DUVAL**

City & State

**JACKSONVILLE, FL.**

Zip

**32209**

Country

**DUVAL**

**REINSTATEMENT**

**15-150**

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. 24<sup>TH</sup> ST.**

Suite, Apt. #, Etc.

City

**JACKSONVILLE**

State

**FL**

Zip Code

**32209**

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]*

REGISTERED AGENT MUST SIGN

Date **1-5-2006**

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	1566 W. 24 <sup>TH</sup> ST.	JACKSONVILLE, FL. 32209
V-Pres.	Roland J. Bell Jr.	1566 W. 24 <sup>TH</sup> ST.	JACKSONVILLE, FL. 32209
TRES.	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 #

U Ecker JAN 10 2006

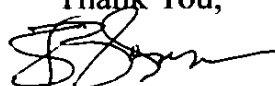
2/2

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