
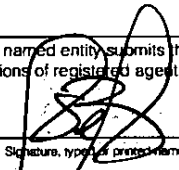
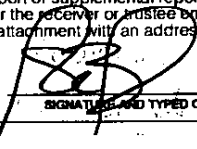


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N03000011055 1. Entity Name AT THE END OF THE ROAD, INC.			FILED 08 FEB 26 PM 2:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 1265 W. 26TH ST. JACKSONVILLE, FL 32209		Mailing Address 1566 W. 24TH ST. JACKSONVILLE, FL 32209	
2. Principal Place of Business - No P.O. Box # 2040-2042 Manxcr. of Rd. Suite, Apt. #, etc.		3. Mailing Address 2800 UNIV. BLVD. SO. # 373 Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL.		City & State JACKSONVILLE, FL.	
Zip 32209		Zip 32216	
Country U.S.		Country U.S.	
4. FEI Number 41-2120624		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, SAKINA V 1566 W. 24TH ST. JACKSONVILLE, FL 32209		7. Name and Address of New Registered Agent Name BELL, SAKINA V. Street Address (P.O. Box Number is Not Acceptable) 2800 UNIV. BLVD. SO. # 373 City JACKSONVILLE FL Zip Code 32216	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  <small>Signature, type or printed name of registered agent and title if applicable.</small>		DATE 2/22/2008 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$297.50		Make check payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME BROWN, SAKINA V STREET ADDRESS 1566 W. 24TH ST. CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE D NAME BELL, SAKINA V. STREET ADDRESS 2800 UNIV. BLVD. SO. # 373 CITY-ST-ZIP JACKSONVILLE, FL. 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME BELL, ROLAND J JR STREET ADDRESS 1566 W. 24TH ST. CITY-ST-ZIP JACKSONVILLE, FL 32209	<input checked="" type="checkbox"/> Delete	TITLE VP NAME SHAN M. Mitchell STREET ADDRESS 4445 BEDIVERE ROAD CITY-ST-ZIP JAX. FL. 32208	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME MALLORY, VIVAN J STREET ADDRESS 2480 MALLORY HILL ROAD CITY-ST-ZIP JACKSONVILLE, FL 32221	<input checked="" type="checkbox"/> Delete	TITLE T NAME JACKIE BROWN STREET ADDRESS 1654 UNIV. ST. CITY-ST-ZIP JAX. FL. 32209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME LYLES, APRIL M STREET ADDRESS 5073 COLUMBUS AVE. CITY-ST-ZIP JACKSONVILLE, FL 32254	<input checked="" type="checkbox"/> Delete	TITLE S NAME ERIN JONES STREET ADDRESS 1367 MILNOR ST. CITY-ST-ZIP JACKSONVILLE, FL. 32206	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the secretary or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 2/22/2008 <small>Date Daytime Phone #</small>	