


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N04000009554 1. Entity Name TURN IT AROUND MINISTRIES, INC.	
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FILED

09 JAN 26 PM 3: 48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 201 RIDGE RD. TALLAHASSEE, FL 32305	Mailing Address 201 RIDGE RD. TALLAHASSEE, FL 32305
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address 208 Arden rd. Suite, Apt. #, etc.
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01262009 REIN-NP CR2E099 (1/07)

City & State Tallahassee FL	4. FEI Number NOT APPLICABLE
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Applied For
Not Applicable

Zip 32305	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COTTON, CHARLES 201 RIDGE RD. TALLAHASSEE, FL 32305	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: *Charles Cotton* DATE: 2/26/09

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD PONDER, ANNETTE <input type="checkbox"/> Delete
NAME	201 RIDGE RD.
STREET ADDRESS	TALLAHASSEE, FL 32305
CITY - ST - ZIP	
TITLE	P PONDER, GERALD <input checked="" type="checkbox"/> Delete
NAME	201 RIDGE RD.
STREET ADDRESS	TALLAHASSEE, FL 32305
CITY - ST - ZIP	
TITLE	TD MCCRAY, JUANITA <input type="checkbox"/> Delete
NAME	215 BRAGG DR.
STREET ADDRESS	TALLAHASSEE, FL 32305
CITY - ST - ZIP	
TITLE	D SCHUCHTS, ROBERT A <input type="checkbox"/> Delete
NAME	215 BRAGG DR.
STREET ADDRESS	TALLAHASSEE, FL 32305
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800142084768
STREET ADDRESS	0127709--01002--004 **122.50
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINSTATEMENT
STREET ADDRESS	<i>0809</i>
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 receiver 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: *Robert A Schuchts* DATE: 1-26-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #