


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06000007024		
1. Entity Name TURN IT AROUND, INC.		

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 # 104 E Washington St Suite, Apt. #, etc. Suite P	3. Mailing Address 3644 Wood Hill Dr. Suite, Apt. #, etc.
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City & State Quincy FL	City & State Tallahassee FL
Zip 32351	Zip 32308
Country Garden	Country Leon

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 Juanita McCray Street Address (P.O. Box Number is Not Acceptable) 215 Bragg Dr. City Tallahassee FL Zip Code 32305
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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 Juanita McCray DATE 9-10-09

Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PONDER, ANNETTE 201 RIDGE RD. TALLAHASSEE, FL 32305 <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	VD PONDER, GERALD 201 RIDGE RD. TALLAHASSEE, FL 32305 <input checked="" 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	V P Turlia Cotton 1844 Lorette Dr. Apt C 32301 <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	Tallahassee FL. <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
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 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: Bob Ponder DATE 9-10-09

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

**FILED**

09 JUL 10 AM 11:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
000158354400  
07/10/09--01003--013 \*\*122.50



07102009 REIN-NP CR2E099 (1/07)

4. FEI Number APPLIED FOR	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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000158354400  
07/10/09--01003--016 \*\*8.75