


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N07000002426	
1. Entity Name HOLLA BACK FOUNDATION, INC.	

Principal Place of Business 806 GOLDEN ST TALLAHASSEE, FL 32304	Mailing Address 806 GOLDEN ST TALLAHASSEE, FL 32304
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2. Principal Place of Business - No. P.O. Box # 806 W. Golden St.	3. Mailing Address 806 W. Golden St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tallahassee, FL	City & State Tallahassee, FL
Zip 32304	Zip 32304
Country	Country

6. Name and Address of Current Registered Agent FLYNN-TOLLIVER, BARBARA 339 BRIER ROSE LN ORANGE PARK, FL 32065	7. Name and Address of New Registered Agent Name Don W. Tolliver Street Address (P.O. Box Number is Not Acceptable) 53 Bridal Gate City Crawfordville FL Zip Code 32327
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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 Don W. Tolliver DATE 9-4-09

Signature, typed or printed name of registered agent and title if applicable. (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RILEY, CRAIG P SR 3136 HAWKS LANDING DR TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900160330879 09/04/09--01007--001 **131.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOLLIVER, DON W 53 BRIDAL GATE CRAWFORDVILLE, FL 32327 <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	D BULLARD, JOSEPH 3117 BROOKRIDGE DR 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	<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: Don W. Tolliver DATE 9-4-09

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

09 SEP -4 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 08-09