PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 DEC 10 PM 2:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N10000005344

1. Corporation Name

Turn Around Ministry, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3570 Northgate Dr	PO Box 421808
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 10	Kissimmee, Florida
City & State	City & State
Kissimmee Florida	34746 Osceola
Zip / Country	Zip / Country
34746 Osceola	

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CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 6-01-10

5. FEI Number: 38-3815855 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED: No — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Herberta Smith

Street Address (P.O. Box Number is Not Acceptable): 3570 Northgate Dr #10

Suite, Apt. #, Etc.

City: Kissimmee — State: FL — Zip Code: 34746

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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: Herberta Smith — Date: 12/30/13
REGISTERED AGENT MUST SIGN

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
Director	Herberta Smith	3570 Northgate Dr #10	Kissimmee FL. 34746
Secretary	Alice Langton	1469 Aldersgate #H	Kissimmee FL. 34746
Treasurer	Otis Harris	4266 Village Dr #107	Kissimmee FL. 34746

10. **E-mail Address:** rnbertfl@cfl.rr.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: Herberta Smith Herberta Smith 12-30-13
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #