

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
FILED

01 DEC 26 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherin  Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M00000001452

1. Limited Liability Company's Name

Nationwide New South Financial Services, L.L.C.

REINSTATEMENT 2001

2. Principal Office Address

1900 Crestwood Boulevard

3. Mailing Office Address

1900 Crestwood Boulevard

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Birmingham, AL

City & State

Birmingham, AL 35210

Zip

35210

Country

USA

Zip

35210

Country

USA

4. State/Country of Formation

Delaware

**5. Date Organized or Qualified
To Do Business in Florida**

July 25, 2000

6. FEI Number

63-1252229

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

**Signature of
Registered Agent**

Dale W. Morris

DALE W. MORRIS
ASSISTANT VICE PRESIDENT

REGISTERED AGENT MUST SIGN

Date

12/10/2001

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	John Andrews	1900 Crestwood Boulevard	Birmingham, AL 35210
MGR	Martha Walters	1900 Crestwood Boulevard	Birmingham, AL 35210

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of

Managing Member/Manager

John Andrews

Date

11-12-01

Daytime Phone #

(205) 951-7130

Typed or printed name of signing Managing Member/Manager

John Andrews

CR2001 (9/00)