PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPURATIONS 09 SEP 21 AM 9: 31
DOCUMENT # N9700003831 1. Corporation Name		
Nevus Outreach,	Inc.	III COTATEMENTO - S
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address 600 SE Delaware	600160830826 09/21/090165 <u>9</u> 008 09/21/090165 <u>9</u> 008
Suite, Apt. #, etc. Suite 200 City & State	Suite, Apt. #, etc. Suite 200 City & State	4. Date incorporated or Qualified To Do Business in Florida July 3, 1997
Barthsville, OK	Baithsville DK	5. FEI Number Applied For Not Applicable
74003 USA	74003 USA	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
Name Ceoffrey Pletcher Street Address (P.O. Box Number Is Not Acceptable) 18 Yawl Drive Suite, Apt. #, Etc. City Cocoa Beach State Zip Code FL 32931		☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.
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 Date 9/13/09 REGISTERED AGENT MUST SIGN		
	for Director (Florida nonprofit corporations must list at lea	·
Titles Name of Officers and/or Directors	Street Address of Each Officer and/or Director	
Mr. Mark Beckwith, Execu	Hire Dir. 1401 Madison Bluc	Boutlesville, OK 74006
Mrs. Danielle Stamation,	Vicechair LO Seymour Ave	nue Toronto, ON M4J 3TS Cando
Mr. Pieue Gremillion	Chair 647 Lynnwood	Drive Encinitas, CA 92024
Mr. Jim Morris	5501 Hampton For	est Way Fairfax, VA 22030
Mrs. Lauren Young	93 Baltic St. #	3 Brooklyn, NY 11201
Mrs. Wendy Kushner	7 Cardinal Ave	nue Edison NJ 08820
10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. MARK BECKWITH EXECUTIVE DIRECTOR SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Description 119, F.S. I further certify that when filing this reinstatement application is frue entities. I further certifity that when filing this reinstatement application is provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application is frue and officer or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		