## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P02000071050

Entity Name: NEXITY FINANCIAL SERVICES OF FLORIDA, INC.

FILED May 25, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3500 BLUE LAKE DR, STE 330 BIRMINGHAM, AL 35243				5821 FAIRVIEW ROAD SUITE 110 CHARLOTTE, NC 28209		
Current Mailing Address:				New Mailing Address:		
3500 BLUE LAKE DR, STE 330 BIRMINGHAM, AL 35243				5821 FAIRVIEW ROAD SUITE 110 CHARLOTTE, NC 28209		
FEI Number:	01-0608492	FEI Number Applied For ( )	FEI Nun	nber Not Appli	icable ( )	Certificate of Status Desired ( )
Name and	Address of Co	urrent Registered Agent:		Name and	Address of N	New Registered Agent:
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US  The above named entity submits this statement for the purpose of				CT CORPORATION SYSTEM 215 CELEBRATION PLACE SUITE 500 ORLANDO, FL 34747 US of changing its registered office or registered agent, or both,		
in the State		UP OU	07.07.0007			
SIGNATURE: GINA A. BURCH  Electronic Signature of Registered Agent				05/25/2007 Date		
Election Can		(2)(b), F.S., the corporation did no Trust Fund Contribution(). ORS:	t receive t	-		TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () I LONG, DAVID 3500 BLUE LAKI BIRMINGHAM, A			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition
Title: Name: Address: City-St-Zip:	D ()  LEE, GREG L 3500 BLUE LAKI BIRMINGHAM, A			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition
Title: Name: Address: City-St-Zip:	D () I MORAN, JOHN J 3500 BLUE LAKI BIRMINGHAM, A	E DR, STE 330		Title: Name: Address: City-St-Zip:	MORAN, JOHN	NUE NORTH, SUITE 203
Title: Name: Address: City-St-Zip:	( )!	Delete		Title: Name: Address: City-St-Zip:	MACKEY, WILI	W ROAD, SUITE 110
Title: Name: Address: City-St-Zip:	( )	Delete		Title: Name: Address: City-St-Zip:	PEDDY, BREN	W ROAD, SUITE 110
Title: Name: Address: City-St-Zip:	( ) !	Delete		Title: Name: Address: City-St-Zip:	O ( DOERFLINGER 6831 GRAND A KANSAS CITY,	AVENUE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. MORAN D 05/25/2007