

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 NOV -7 AM 11:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000071050

**1. Corporation Name**

NEXITY FINANCIAL SERVICES OF FLORIDA, INC.

**2. Principal Office Address**

3500 BLUE LAKE DR.

Suite, Apt. #, etc.

SUITE 330

City & State

BIRMINGHAM, AL

Zip

35243

Country

U.S.

**3. Mailing Office Address**

3500 BLUE LAKE DR.

Suite, Apt. #, etc.

SUITE 330

City & State

BIRMINGHAM, AL

Zip

35243

Country

U.S.

**4. Date Incorporated or Qualified  
To Do Business in Florida**

06/27/2002

**5. FEI Number**

01-0608492

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

**REINSTATEMENT** 03

**7. Name and Address of Current Registered Agent**

Name

C T CORPORATION SYSTEM

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

1200 S. PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

**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

*Dale W. Morris*

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

Date 11/04/2003

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
D	LONG, DAVID	3500 BLUE LAKE DR., SUITE 330	BIRMINGHAM, AL 35243
D	LEE, GREG L.	3500 BLUE LAKE DR., SUITE 330	BIRMINGHAM, AL 35243
D	MORAN, JOHN J.	3500 BLUE LAKE DR., SUITE 330	BIRMINGHAM, AL 35243

**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 under section 119.07(3)(i), 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.**

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Dale W. Morris*, VICE PRESIDENT

Date

11-4-03 205-298-6391

Daytime Phone #



3500 Blue Lake Drive  
Suite 330  
Birmingham, AL 35243  
(205) 298-6485  
(205) 298-6534 (fax)

November 3, 2003

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing this letter to address the fact that we, at Nexity Financial Services of Florida, Inc. received a "Notice of Administrative Dissolution". I contacted your offices and was informed that you mailed a notification in January of 2003 and again in May of 2003. We did not receive either one of these notifications. As directed, I have enclosed a check in the amount of \$150.00 along with the application for reinstatement of our corporate license. I can be contacted toll free at 866-639-4891 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "David Long", is written over a circular stamp. The signature is fluid and cursive.

David Long  
Vice President