

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
15 DEC 29 AM 9:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P14000098374
1. Corporation Name
NEXXUS GLOBAL INC.

2 Principal Office Address - No P.O. Box # 1854 Hendersonville Road, Ste. A State, Apt. #, etc.		3 Mailing Office Address 1854 Hendersonville Road, Ste. A State, Apt. #, etc.	
City & State Asheville, NC		City & State Asheville, NC	
Zip 28803	Country US	Zip 28803	Country US

CR26081 (11/10)

4 Date Incorporated or Qualified To Do Business in Florida
December 8, 2014

5 FET Number
47-2594935

6 CERTIFICATE OF STATUS DESIRED
Yes

Applied For
Not Applicable

\$8.75 Additional Fee required for a Certificate of Status

7 Name and Address of Current Registered Agent

Name
Adam L. Hood, P.A., Attn: Adam L. Hood, Esquire

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

City, State, Zip
Panama City FL 32401

100280452911
12/29/15-01022-019 **750.00

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 *[Signature]* Date 12/23/2015
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
P	D.A. Morrow	1854 HENDERSONVILLE RD. STE 220A,	ASHEVILLE NC 28803

REINSTATEMENT DEC 29 2015
R. HUNT

10. E-mail Address: adam@adamhoodpa.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: *[Signature]* 12/23/2015
DATE DAYTIME PHONE #