

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

CORPORATION REINSTATEMENT

FILED
 01 JAN -2 PM 2: 08
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F92000000271

1. Corporation Name
 BANC OF AMERICA SPECIALTY FINANCE, INC.

2. F NC1-021-03-09
 401 N TRYON ST
 CHARLOTTE NC 28255

3. Mailing Office Address
 Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 11-17-1992

5. FEI Number
 56-1796724

Applied For
 Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
 CT CORPORATION SYSTEM 300003533703--6
 Street Address (P.O. Box Number is Not Acceptable)
 1200S PINE ISLAND RD -01/11/01--01103--017
 Suite, Apt. #, Etc. ***750.00 ***750.00

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 *Wicky Goldstein*
 REGISTERED AGENT MUST SIGN

Date 12/8/00

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/P	CHARLES M BAYNARD	NC1-021-03-09 401 N TRYON ST CHARLOTTE NC 28255	
SVP	GREG S MROZ		
SEC	JOHN D EVANS JR		
TREA	CHRIS SPOENEMAN		
DIR	SEAN R COWAN		
DIR	STEPHEN F SMITH		

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)(f), 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: *Greg S Mroz*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 12-6-00 Daytime Phone # 704-386-1190