

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 PM 12: 11

DOCUMENT # **F95000005562**

1. Corporation Name

GE CAPITAL RESIDENTIAL CONNECTIONS CORPORATION

Principal Place of Business

Mailing Address

6601 SIX FORKS ROAD
RALEIGH NC 27615

6601 SIX FORKS ROAD
RALEIGH NC 27615

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/14/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

56-1661562

Applied For

City & State

City & State

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	MANN, THOMAS H	6601 SIX FORKS RD	RALEIGH NC 27615
PCEO	MANN, THOMAS H	6601 SIX FORKS ROAD	RALEIGH NC
VS	TAGGART, JOHN C	6601 SIX FORKS ROAD	RALEIGH NC 27615
SVPC	WEILAND, THEODORE F	6601 SIX FORKS RD	RALEIGH NC 27615
VPD	MILLER, GERHARD A	6601 SIX FORKS ROAD	RALEIGH NC
AS	WATKINS, JUNE	6601 SIX FORKS ROAD	RALEIGH NC

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C-T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name _____
Street Address (P.O. Box Number is Not Acceptable)
200004721242--6
Suite, Apt. #, Etc. **-12/12/01--01081--005**
City ******750.00** State ******750.00** Zip Code
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature **SIGNATURE REQUIRED** **Allan Farnell, Vice President**

Date **Nov. 26, 2001**

REGISTERED AGENT MUST SIGN

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., 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* **SIGNATURE REQUIRED** **June, Watkins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/8/01

919-846-4524

Date

Daytime Phone #

CR2E040 (8/01)