

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **F98000005807**

1. Corporation Name

**BANK OF AMERICA CORPORATION**

Principal Place of Business

Mailing Address

401 N TRYON ST  
 CHARLOTTE NC 28255

401 N TRYON ST  
 CHARLOTTE NC 28255



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	
				10/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number	
				56-0906609	
City & State		City & State		Applied For	
				Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	MCCOLL JR, HUGH L	401 N TRYON ST	CHARLOTTE NC 28255
PD	LEWIS, KENNETH D	401 N TRYON ST	CHARLOTTE NC 28255
VCFO	HANCE JR, JAMES H	401 N TRYON ST	CHARLOTTE NC 28255
S	KISER, JAMES W	401 N TRYON ST	CHARLOTTE NC 28255
T	PETERS, RAYMOND R	401 N TRYON ST	CHARLOTTE NC 28255
VP	<del>SMITH, DUANE L</del> Greg S. Mroz	<del>100 NORTH TRYON STREET</del> 401 N Tryon St	CHARLOTTE NC 28255

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)
	Suite, Apt. #, Etc.
	City

**REINSTATEMENT**

State: **FL** Zip Code: \_\_\_\_\_

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: Vicky Goldstein REGISTERED AGENT MUST SIGN

VICKY GOLDSTEIN  
 SPECIAL ASSISTANT SECRETARY  
 Date: 11/22/00

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: SIGNATURES REQUIRED

Date: 11-6-00 Daytime Phone #: 704-386-5591

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 \*\*\*\*750.00 \*\*\*\*750.00

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