

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

1997 NOV -4 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L 28654

1. Corporation Name

CFB Holding Corporation

Principal Place of Business

Mailing Address

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

600002339266--9

-11/05/97--01091--009

****350.00 ****350.00

600002339266--9

-11/05/97--01091--010

****400.00 ****400.00

DO NOT WRITE IN THIS SPACE

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

4. Date Incorporated or Qualified To Do Business in Florida

11/09/89

5. FEI Number

05-0173159

Applied For

Not Applicable

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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Turner B. Smith	401 N TRYON ST NC1-021-03-09 CHARLOTTE NC 28255	
V.P.	Jeffrey J. Dauray		
Senior V.P.	Gary S. Williams		
Sec.	Edward J. Stark		
Asst. Sec./Treas.	Lynn L. Rhoads		

REINSTATEMENT

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Meryl Wolfson
c/o Chase Federal Bank
7300 N Kendall Dr
Miami, FL 33156

Name
CT Corporation System
Street Address (P.O. Box Number is Not Acceptable)
c/o CT Corporation System,
Suite, Apt. #, Etc.
1200 South Pine Island Rd.
City
Plantation

State
FL

Zip Code
33324

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

JENNIFER TAULTMAN
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date 12-30-97

11: Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information or intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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:

Gary S. Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/16/97
Date

704-386-5956
Daytime Phone #

CR2090 (12/95)