

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 01 SEP 14 PM 2:27 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # m99000001595					
1. Limited Liability Company's Name BANC OF AMERICA FACILITIES LEASING LLC					
2. Principal Office NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28256		3. Mailing Office NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28256		4. State/Country of Formation DELAWARE	
Suite, Apt. City & State Zip		Suite, Apt. City & State Zip		5. Date Organized or Qualified To Do Business in Florida 10/07/1999	
Country		Country		6. FEI Number 52-2188006	
				Applied For Not Applicable	
				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent		
Name CT CORPORATION SYSTEM		800004597888 -- 1
Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD		09/19/01-01024-020 ****150.00 ****130.00
Suite, Apt. #, Etc.		
City PLANATION		State FL
		Zip Code 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: *[Signature]* Date: 9-7-01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	RICHARD V HARRIS	NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28256	800004597888 -- 1 09/19/01-01024-021 *****55.00 *****55.00
SVP	GREG S MROZ		
SEC	EDWARD J STARK		
TREA	RODNEY W HURD		
Initial & Sole Member: Security Pacific Leasing Corporation		NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28256	

11. I certify that I am managing member/manager or the receiver or trustee empowered for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company 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 of Managing Member/Manager: *[Signature]* Date: 8-10-01 Daytime Phone #: 704-386-1190

Typed or printed name of signing Managing Member/Manager: GREG S MROZ, SVP, MEMBER