

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC -3 AM 8:13

DOCUMENT # F00000003305

1. Corporation Name

SOUTHTRUST BANK

Principal Place of Business

Mailing Address

420 NORTH 20TH STREET
BIRMINGHAM AL 35203

420 NORTH 20TH STREET
BIRMINGHAM AL 35203

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

100 Brookwood Place, Suite 300

40 Tax Department A-001-BP-0305

Birmingham, AL

35209

USA

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/2000

5. FEI Number

63-0022787

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	BANTON, JULIAN W	420 NORTH 20TH STREET	BIRMINGHAM AL 35203
CSHR	GODDARD, SANDRA B	420 NORTH 20TH STREET	BIRMINGHAM AL 35203
D	BANTON, JULIAN W	420 NORTH 20TH STREET	BIRMINGHAM AL 35203
D	BRADFORD, THOMAS E JR.	420 NORTH 20TH STREET	BIRMINGHAM AL 35203
D	BRUNO, RONALD G	100 GRANDVIEW PLACE, SUITE 500	BIRMINGHAM AL 35243
D	BURT, H M JR.	727 HILLYER HIGH ROAD	ANNISTON AL 36207

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

2000004728652--9

-12/17/01--01058--012

****758

State

FL

****758.75

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 REQUIRED
JOAN BOLDEN
REGISTERED AGENT MUST SIGN

Date

11/26/01

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 REQUIRED
BRANDEN L. LAMAR, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/14/01

(205) 254-4339

Date

Daytime Phone #

CR2E040 (8/01)

2 of 2

Application for Reinstatement
SouthTrust Bank
Document # F00000003305

Attachment

Block 7 Additional Authorized Officer

Brian R. Lassiter - Vice President
100 Brookwood Place, Suite 300 (Mail Code A-001-BP-0305), Birmingham, AL 35209