### PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

# **APPLICATION** FOR. REINSTATEMENT



### FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

#### F01000002368 DOCUMENT #

1. Corporation Name

### BRANCH BANKING AND TRUST COMPANY

Principal Place of Business

Mailing Address

200 W SECOND STREET WINSTON SALEM NC¾¥164XX

4cs V PO BOX 1290 WINSTON-SALEM NC 27102

FILED 03 OCT 28 PM 2: 34 TALLAHASSEE. FLORIDA

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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 Date Incorporated or Qualified
To Do Business in Florida 05/03/2001 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. FEI Number Applied For City & State City & State 56-1074313 Not Applicable \$8.75 Additional Fee required Country Zip Country 27101 CERTIFICATE OF STATUS DESIRED 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) . Name of Officers Street Address of Each Title(s) City / State / Zip and/or Director Officer and/or Director ALLISON, JOHN A IV 200 W. SECOND STREET WINSTON-SALEM NC 27102 CD 200 W. SECOND STREET WINSTON-SALEM NC 27102 CHALK, W. KENDALL GREENE, ROBERT E 200 W. SECOND STREET WINSTON-SALEM NC 27102 KELLETT; SHERRY A-WINSTON-SALEM NC-27102 200-W. SECOND-STREET Delete (see Attachment) WINSTON-SALEM NC 27102 ۷ KING, KELLY S 200 W. SECOND STREET WILSON, C. LEON 200 W. SECOND STREET WINSTON-SALEM NC 27102 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD <del>700024218687</del> Suite, Apt. #, Etc. PLANTATION FL 33324 10/28/03--01087--011 \*\*750.00 State Zip Code City 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. or 617.0505, F.S.

Signature of Registered Agent



Allan Farnell, Vice President

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:

0 24 03 336-733-3009 Date Daytime Phone #

### ATTACHMENT TO APPLICATION FOR REINSTATEMENT

## Add Name in Section 7:

Title: Senior V, Carporate Controller Name: Edward D. Vest

Address:

150 S. Stratford, 4th Floor Winston-Salem, NC 27104

Title: CFO, Sr Exec V

Address:

Name: Scott E. Reed 200 West Second Street

Winston-Salem, NC 27101

Title: COO, Sr Exec V

Name: Henry G. Williamson, Jr.

Address:

200 West Second Street

Winston-Salem, NC 27101