

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F93000000391

1. Corporation Name

STI CREDIT CORPORATION

Principal Place of Business

6490 S. MCCARRAN
#C2
RENO NV 89509
US

Mailing Address

P.O. BOX 11280
RENO NV 89510-1280

FILED
01 FEB 16 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

00-01

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/19/1993	
City & State		City & State		5. FEI Number	
Zip		Country		88-0221325	
				Applied For	
				Not Applicable	
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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CD	WRIGHT, DONALD Gerald Vaden	111 CENTER ST. 112 W. 3rd St.	LITTLEROCK AR 72201
PVCD P	VADEN, GERALD Scott Hastings	111 CENTER ST. 112 W. 3rd St.	LITTLEROCK AR 72201
S	DONNALEE, NICHOLS Leisa Pulliam	111 CENTER ST. 112 W. 3rd St.	LITTLEROCK AR 72201
VPE	ROGERS, PHYLLIS	111 CENTER ST.	LITTLEROCK AR
T	NICHOLS, DONNALEE Alan King	111 CENTER ST. 112 W. 3rd St.	LITTLEROCK AR 72201

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
8000003746678--8	
Suite, Apt. #, Etc.	
-02/22/01--01008--017	
***900.00 ***900.00	
City	State Zip Code
	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.

Signature of Registered Agent Vicky Goldstein VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN Date 2-13-01

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:

Leisa Pulliam VP/General Counsel/Corporate Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/2/00 Daytime Phone # 5013746036

CR2E040 (8/00)