

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # F97000006224

1. Corporation Name

AAC FUNDING II, INC.

Principal Place of Business

615 FRONT STREET
SAN FRANCISCO CA 94111

Mailing Address

615 FRONT STREET
SAN FRANCISCO CA 94111

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
10 South Sixth Street

City & State
Richmond, VA

Zip
23219

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
10 South Sixth Street

City & State
Richmond, VA

Zip
23219

4. Date Incorporated or Qualified
To Do Business in Florida

11/24/1997

5. FEI Number

94-3211924

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
PC	KINGBELL, JAMES D	615 FRONT STREET	SAN FRANCISCO CA 94111
DV	DISHINGA, RICHARD J	615 FRONT STREET	SAN FRANCISCO CA 94111
SD	NICKERSON, GEORGE R	615 FRONT STREET	SAN FRANCISCO CA 94111
T	KENDRICK, GARY	501 DARBY CREEK ROAD	LEXINGTON KY 40500
PD	Katheryn E. Surface	10 South Sixth Street	Richmond, VA 23219
VSD	D. Fleet Wallace	10 South Sixth Street	Richmond, VA 23219

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

State
FL

Zip Code

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

Kevin J. Galligan
Assistant Vice President Corporation System

Date

11/4/99

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Katheryn E. Surface, President

10/22/99

Date

804-780-2691

Daytime Phone #

CR25040 (8/98)