

MO1000000724

APPROVED
AND
FILED

03 OCT 22 PM 1:01
SECRETARY OF STATE
PALMACHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **MO1000000724**

1. Limited Liability Company's Name

AmSouth Investment Management Company, LLC

REINSTATEMENT 2083

2. Principal Office Address 1901 Sixth Avenue North		3. Mailing Office Address 1900 Fifth Avenue North	
Suite, Apt. #, etc. Suite 620		Suite, Apt. #, etc. 10th Floor	
City & State Birmingham, AL		City & State Birmingham, AL	
Zip 35203	Country USA	Zip 35203	Country USA

4. State/Country of Formation Alabama	
5. Date Organized or Qualified To Do Business in Florida 3/28/2001	
6. FEI Number 63-1270451	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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		100024014601	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road		10/22/03-01053-000-***15.00	
Suite, Apt. #, Etc.			
City Plantation	State FL	Zip Code 33324	

9. I, being appointed the registered agent of the above named limited liability company, **Dale W. Morris** and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent **Dale W. Morris** **ASSISTANT VICE PRESIDENT** Date **Oct. 2003**

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
Mgr	Geoffrey von Kuhn	1901 Sixth Avenue North	Birmingham, AL 35203
Mgr	Joseph Keating	1901 Sixth Avenue North	Birmingham, AL 35203
Mgr	Michael C. Daniel	1901 Sixth Avenue North	Birmingham, AL 35203
Mgr	Don Kimble	1900 Fifth Avenue North	Birmingham, AL 35203
Comp. M	John W. Travis	1900 Fifth Avenue North	Birmingham, AL 35203

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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 **John W. Travis** Date **Oct. 17 2003** Daytime Phone # **205-801-0131**

Typed or printed name of signing Managing Member/Manager **John W. Travis, Compliance Manager**

CR2E041 (10/02)