

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

1. DOCUMENT # M98000000191

Name and Mailing Address

02 NOV 13 PM 3: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0008170 01 FP 0.352 **PRSR T5 0 0615 63102-174150



SECURITY LEASING FUNDING II, L.L.C.

10 S. BROADWAY, SUITE 1400

ST. LOUIS MO 63102-1741



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation DE	
Principal Place of Business 10 S. BROADWAY, SUITE 1400 ST. LOUIS MO 63102		5. Date Organized or Qualified To Do Business in Florida 02/26/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 43-1795890 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Brian Courtney Asst. V. Pres. REGISTERED AGENT MUST SIGN Date 10-28-02			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	EDMONDS, HENRY M	10 S. BROADWAY, SUITE 1400	ST. LOUIS MO 63102
			900008963179 11/13/02--01039--013 **155.00
REINSTATEMENT			

12. 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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Henry M. Edmonds