

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # m99000001595			
1. Limited Liability Company's Name BANC OF AMERICA FACILITIES LEASING LLC			
2. Principal Office NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255		3. Mailing Office NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255	
Suite, Apt.		Suite, Apt.	
City & State		City & State	
Zip	Country	Zip	Country
		4. State/Country of Formation DELAWARE	
		5. Date Organized or Qualified To Do Business in Florida 10/07/1999	
		6. FEI Number 52-2188006	Applied For Not Applicable
		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		800004597888 -- 1	
Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD		-09/19/01-01024-020 ****150.00 ****150.00	
Suite, Apt. #, Etc.			
City PLANTATION		State FL	Zip Code 33324
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent		Date 9-7-01	
REGISTERED AGENT MUST SIGN Allan Farnell, Vice President			
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
PRES	RICHARD V HARRIS	NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255	800004597888 -- 1 -09/19/01-01024-021 *****55.00 *****55.00
SVP	GREG S MROZ		
SEC	EDWARD J STARK		
TREA	RODNEY W HURD		
Initial & Sole Member:		Security Pacific Leasing Corporation	
		NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255	
11. I certify that I am managing member/manager or the receiver or trustee empowered 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 8-10-01 Daytime Phone # 704-386-1190	
Typed or printed name of signing Managing Member/Manager GREG S MROZ, SVP, MEMBER			

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR25041 (6/00)