

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND FILED

10/2

**LIMITED LIABILITY COMPANY REINSTATEMENT**



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

01 OCT 23 PM 12:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT #

MAA 000001953

1. Limited Liability Company's Name

First Union Shared Resources, LLC

**REINSTATEMENT 2001**

2. Principal Office Address

301 S. College Street

Suite, Apt. #, etc.

City & State

Charlotte, NC 28288-0630

Zip

Country

28288-0630 USA

3. Mailing Office Address

301 S. College Street

Suite, Apt. #, etc.

City & State

Charlotte, NC

Zip

Country

28288-0630 USA

4. State/Country of Formation

Delaware

5. Date Organized or Qualified To Do Business in Florida

12/10/99

6. FEI Number

58-2507889

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State  
**FL**

Zip Code  
 32301

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

**BRIAN COURTNEY, ASST. V.P.**  
 REGISTERED AGENT MUST SIGN

Date

10-23-01

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
	First Union National Bank, Member	301 S. College Street	Charlotte, NC 28288-0630

100004650111--9

10/23/01

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

Date

Daytime Phone # 704/715-2403

Typed or printed name of signing Managing Member/Manager **Carol R. Mullis, Vice President, First Union National Bank,**

Member

CR2E041 (9/01)

2012



ACCOUNT NO. : 072100000032  
 REFERENCE : 146219 167868A  
 AUTHORIZATION : *Patricia Pizito*  
 COST LIMIT : \$ 150.00

ORDER DATE : October 23, 2001  
 ORDER TIME : 11:14 AM  
 ORDER NO. : 146219-005  
 CUSTOMER NO: 167868A

CUSTOMER: Beverly Jackson, Legal Asst  
 First Union Corporation  
 One First Union Center, Nc0630  
 Legal Division-31st Floor  
 Charlotte, NC 28288-0630

RECEIVED  
 01 OCT 23 PM 12:18  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: FIRST UNION SHARED RESOURCES,  
 LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: \_\_\_\_\_