

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV -8 AM 10:32

DOCUMENT # F97000006224

1. Corporation Name
AAC FUNDING II, INC.

900003046079--5

-11/16/99--01082--025

***1047.50 ***750.00



Principal Place of Business Mailing Address
615 FRONT STREET SAN FRANCISCO CA 94111
015 FRONT STREET SAN FRANCISCO CA 94111

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

REINSTATEMENT 99

2. New Principal Office Address, if Applicable
Suite, Apt. #, etc. 10 South Sixth Street
City & State Richmond, VA
Zip 23219 Country

3. New Mailing Office Address, if Applicable
Suite, Apt. #, etc. 10 South Sixth Street
City & State Richmond, VA
Zip 23219 Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PC	KENIGSEL, JAMES D	645 FRONT STREET	SAN FRANCISCO CA 94111
DV	BISHINGA, RICHARD J	648 FRONT STREET	SAN FRANCISCO CA 94111
SD	NICKERSON, GEORGE R	615 FRONT STREET	SAN FRANCISCO CA 94111
T	KENBRICK, 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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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. Gallardo* Date 11/4/99
REGISTERED AGENT MUST SIGN
Assistant Vice President C T Corporation System

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: *Katheryn E. Surface* Date 10/22/99 Daytime Phone # 804-780-2691
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Katheryn E. Surface, President

CR25040 (8/98)