

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

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

DOCUMENT # 215575

1. Corporation Name  
**Lee First, Inc.**

2. NC1-021-02-20  
401 N TRYON ST  
CHARLOTTE NC 28255

3. NC1-021-02-20  
401 N TRYON ST  
CHARLOTTE NC 28255

4. Date incorporated or Qualified To Do Business in Florida

5. FEI Number  
**59-3499569**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT**

09-01

7. Name and Address of Current Registered Agent

Name **CT Corporation System** 400004617504--4

Street Address (P.O. Box Number is Not Acceptable) **1200 S Pine Island Rd** -10/01701--01030--016  
\*\*\*150.00 \*\*\*150.00

Suite, Apt. #, Etc.

City **Plant** State **FL** Zip Code **33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent **[Signature]** **Alan Farnell, Assistant Vice President** Date **9-10-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	City / State / Zip
Pres	Monica L. Ammann	NC1-021-02-20 401 N TRYON ST CHARLOTTE NC 28255
SVP	Greg S. Mroz	400004617504--4 -10/01701--01030--017 ***900.00 ***900.00
Sec	Robert L. Hubbs	
Trea	John E. Mack	
Dir	Monica L. Ammann	
Dir	Robert L. Hubbs	

10. 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)(f), 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: **[Signature]** **Greg S. Mroz SVP** Date **8-10-01** Daytime Phone # **704-386-5591**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (8/00)