


# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # N06824</b> 1. Entity Name LAWRENCE & SYLVIA MILLS FOUNDATION, INC.	
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FILED

2007 OCT 29 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 533 CEDAR BERRY LANE CHAPEL HILL, NC 27517		Mailing Address 533 CEDAR BERRY LANE CHAPEL HILL, NC 27517	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State	Zip	Country

09242007 REIN-NP CR2E099 (1/07)

4. FEI Number 59-2482275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
MILLS, LAWRENCE A. 385 OAKVIEW DRIVE DELRAY BEACH, FL 33445	Name <u>SYLVIA MILLS</u> Street Address (P.O. Box Number is Not Acceptable)  City <u>FL</u> Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Sylvia Mills (NOTE: Registered Agent signature required when reinstating) DATE 10/19/07

**FILE NOW!!! FEE IS \$61.25**  
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLS, LAWRENCE A.			NAME	SYLVIA MILLS		
STREET ADDRESS	533 CEDAR BERRY LANE			STREET ADDRESS	533 CEDAR BERRY LANE		
CITY-ST-ZIP	CHAPEL HILL, NC 27517			CITY-ST-ZIP	CHAPEL HILL - NC - 27517		
TITLE	ST	<input checked="" type="checkbox"/> Delete		TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLS, LAWRENCE A.			NAME	SYLVIA MILLS		
STREET ADDRESS	533 CEDAR BERRY LANE			STREET ADDRESS	533 CEDAR BERRY LANE		
CITY-ST-ZIP	CHAPEL HILL, NC 27517			CITY-ST-ZIP	CHAPEL HILL - NC - 27517		
TITLE	VD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, SYLVIA			NAME			
STREET ADDRESS	533 CEDAR BERRY LANE			STREET ADDRESS	000111460080		
CITY-ST-ZIP	CHAPEL HILL, NC 27517			CITY-ST-ZIP	10/29/07--01064--001 **\$61.25		
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MILLS, DR. STEVEN			NAME			
STREET ADDRESS	533 CEDAR BERRY LANE			STREET ADDRESS			
CITY-ST-ZIP	CHAPEL HILL, NC 27517			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sylvia Mills DATE: 10/19/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR