

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06824

1. Entity Name  
LAWRENCE & SYLVIA MILLS FOUNDATION, INC.



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

Zip

Country

09242007 REIN-NP

CR2E099 (1/07)

4. FEI Number  
59-2482275

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, LAWRENCE A.  
385 OAKVIEW DRIVE  
DELRAY BEACH, FL 33445

Name  
SYLVIA MILLS

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

City

FL

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  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

10/19/07  
DATE

**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

TITLE PD ☒ Delete  
NAME MILLS, LAWRENCE A.  
STREET ADDRESS 533 CEDAR BERRY LANE  
CITY-ST-ZIP CHAPEL HILL, NC 27517

TITLE ST ☒ Delete  
NAME MILLS, LAWRENCE A.  
STREET ADDRESS 533 CEDAR BERRY LANE  
CITY-ST-ZIP CHAPEL HILL, NC 27517

TITLE VD ☐ Delete  
NAME MILLS, SYLVIA  
STREET ADDRESS 533 CEDAR BERRY LANE  
CITY-ST-ZIP CHAPEL HILL, NC 27517

TITLE D ☐ Delete  
NAME MILLS, DR. STEVEN  
STREET ADDRESS 533 CEDAR BERRY LANE  
CITY-ST-ZIP CHAPEL HILL, NC 27517

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition  
NAME SYLVIA MILLS  
STREET ADDRESS 533 CEDAR BERRY LANE  
CITY-ST-ZIP CHAPEL HILL - NC - 27517

TITLE ST ☐ Change ☒ Addition  
NAME SYLVIA MILLS  
STREET ADDRESS 533 CEDAR BERRY LANE  
CITY-ST-ZIP CHAPEL HILL - NC - 27517

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000111460080  
10/29/07--01064--001 \*\*\$1.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/19/07  
Date Daytime Phone #

FILED

2007 OCT 29 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

