


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N06824 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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	09242007 REIN-NP CR2E099 (1/07)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 59-2482275
City & State	City & State	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 DATE 10/19/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
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10. OFFICERS AND DIRECTORS	
TITLE	PD MILLS, LAWRENCE A. <input checked="" type="checkbox"/> Delete
NAME	533 CEDAR BERRY LANE
STREET ADDRESS	CHAPEL HILL, NC 27517
CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> Delete
NAME	MILLS, LAWRENCE A.
STREET ADDRESS	533 CEDAR BERRY LANE
CITY-ST-ZIP	CHAPEL HILL, NC 27517
TITLE	VD <input type="checkbox"/> Delete
NAME	MILLS, SYLVIA
STREET ADDRESS	533 CEDAR BERRY LANE
CITY-ST-ZIP	CHAPEL HILL, NC 27517
TITLE	D <input type="checkbox"/> Delete
NAME	MILLS, DR. STEVEN
STREET ADDRESS	533 CEDAR BERRY LANE
CITY-ST-ZIP	CHAPEL HILL, NC 27517
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVIA MILLS
STREET ADDRESS	533 CEDAR BERRY LANE
CITY-ST-ZIP	CHAPEL HILL - NC - 27517
TITLE	ST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SYLVIA MILLS
STREET ADDRESS	533 CEDAR BERRY LANE
CITY-ST-ZIP	CHAPEL HILL - NC - 27517
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 DATE 10/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR