

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 MAY 14 AM 9:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # N94000006257

1. Corporation Name

Lee and Tammy Storms Family Foundation, Inc.

Principal Place of Business

Mailing Address

~~4936 Seawatch Drive
 Amelia Island, FL 32034~~

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

2. New Principal Office Address, If Applicable

3440 Lakemont Blvd.

Suite, Apt. #, etc.

City & State

Fort Mill, SC 29715

Zip

29715

Country

York

3. New Mailing Office Address, If Applicable

828 East Blvd.

Suite, Apt. #, etc.

City & State

Charlotte, NC 28203

Zip

28203

Country

Mecklenburg

4. Date Incorporated or Qualified To Do Business in Florida

12/22/94

5. FEI Number

56-3284032

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D	Storms, G. Lee	3440 Lakemont Blvd.	Fort Mill, SC 29715
D	Storms, Tamela K.	3440 Lakemont Blvd.	Fort Mill, SC 29715
D	Storms, Donald L.	3991 Gulf Shore Blvd.#204	Naples, FL 33940

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TS 5/18

8. Name and Address of Current Registered Agent

Storms, G.L.
 4936 Seawatch Dr.
 Amelia Island, FL 32034

9. Name and Address of New Registered Agent

Name
Richard E. Marsh, Jr.
 Street Address (P.O. Box Number is Not Acceptable)
1554 Jamaica Court
 Suite, Apt. #, Etc.
 City
Marco Island State **FL** Zip Code **34145**

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *4/20/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes No

(See other side for information on intangible tax.)

12. 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:

[Signature]

G. L. Storms, Director

4/29/98

803/802-3810

Date Daytime Phone #

CR2E040 (1/98)