

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 APR -1 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

349830

1. Corporation Name

LANCE Service INC

2. Principal Office Address - No P.O. Box #

217 BRITTANY LA

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

Zip

33875

Country

HIGHLANDS

Zip

Country

REINSTATEMENT

CR2E081 (12/08)

05-09

4. Date Incorporated or Qualified
To Do Business in Florida

07/23/1969

5. FEI Number

59-1387426

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

VON DREWITZ LANCE

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

217 BRITTANY LA

Suite, Apt. #, Etc.

City

SEBRING FL

State

FL

Zip Code

33875

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

James Van Drewitz

REGISTERED AGENT MUST SIGN

Date 03/26/09

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	Street Address of Each Officer and/or Director	City / State / Zip
PRES	LANCE VON DREWITZ	217 BRITTANY LA	SEBRING FL 33875

800148305278

04/01/09--01038--022 **750.00

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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: *James Van Drewitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/26/09
Date 803.3855806
Daytime Phone #

4/1/09