PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 19 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000006305

1. Corporation Name

LANci Limited, INC.

2. Principal Office Address	3. Mailing Office Address
1614 East 40th Street	1614 East 40th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Cleveland, OH	City & State: Cleveland, OH
Zip: 44103 Country: USA	Zip: 44103 Country: USA

07/11/03 90050 040 #150.00

4. Date Incorporated or Qualified To Do Business In Florida: 11-02-1999

5. FEI Number: 31-1672926 — 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: Corporation Service Company.
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
Suite, Apt. #, Etc.:
City: Tallahassee State: FL Zip Code: 32301-2525

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: David Capozzolo. David Capozzolo Date: 12/18/03
REGISTERED AGENT MUST SIGN Authorized Representative

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
PTD	Moeritz, Oliver O.	1614 EAST 40th Street	Cleveland OH 44103
VSD	LANci, Wallace J.	7660 S. Bayden	Sagamore Hills OH 44067

12/19

10. 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: Oliver E. Moeritz 12/18/03 216-426-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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Division of Corporations
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CORPORATION REINSTATEMENT

LANCI LIMITED, INC.

Certificate of Status	0
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Page Count	02
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NOTE: Our client said they previously sent in a partial payment for this to you for $150.00, however, did not send the document for filing.