

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 MAR 19 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38075

1. Corporation Name

SLC CAPITAL, INC.

Principal Place of Business

Mailing Address

3550 LANDER RD
PEPPER PIKE OH 44124
US

3550 LANDER RD
PEPPER PIKE OH 44124
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

00-01

4. Date incorporated or Qualified
To Do Business in Florida

03/26/1992

5. FEI Number

34-1688539

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	LYDEN, E E	1900 E 9TH ST	CLEVELAND OH 44114
PTD	BATES, RONALD E.	3550 LANDER RD	PEPPER PIKE OH 44124
VP	RITVO, MICHELLE	3550 LANDER RD	PEPPER PIKE OH 44124
VP	ROBERTSON, DAVID A	3550 LANDER RD	PEPPER PIKE OH 44124
T	NERONI, THOMAS J	1900 E 9TH ST	CLEVELAND OH 44114
S	LANGER, CAROLYN E	1900 E 9TH ST	CLEVELAND OH 44114

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE FL 32304

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

David A. Robertson
REGISTERED AGENT MUST SIGN

Date 2-26-01

11. 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:

David A. Robertson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
David A. Robertson, Vice President

Date

Daytime Phone #

3-2-2001

CR2ED040 (8/00)