

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 MAY 10 PM 2:07

DOCUMENT # G45802

1. Corporation Name

Shear Construction Co., Inc.

Principal Place of Business

Mailing Address

8761 S.W. 133rd Street  
Miami, Florida 33176

Same as principal  
address.

REINSTATEMENT 95-01

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

2. New Principal Office Address, If Applicable

6817 S.W. 81 Terrace

3. New Mailing Office Address, If Applicable

N/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/16/83

5. FEI Number

592302753

Applied For

Not Applicable

City & State

Miami, Florida

City & State

Zip

33143

Country

Zip

Country

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
1	2	3	4
PD	Gary Shear	8761 S.W. 133rd Street	Miami, Florida 33176
STD	Frank Shear	8761 S.W. 133rd Street	Miami, Florida 33176
			500004316235--8 -05/24/01--01097--049 ***1650.00 ***1650.00
			5/5/23

8. Name and Address of Current Registered Agent

Gary Shear  
8761 S.W. 133rd Street  
Miami, Florida 33176

9. Name and Address of New Registered Agent

Name

H. Jeffrey Cutler, Esq.

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

241 Sevilla Avenue

Suite Apt. #, Etc.

Suite 805

City

Coral Gables

State

FL

Zip Code

33134

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 05-4-01

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. 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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary Shear, President

5/4/01 305-668-4949  
Date Daytime Phone #

CR20040 (12/98)