


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>100000009553</b>			
1. Limited Liability Company's Name <b>Shear Dimensions, LLC</b>			
2. Principal Office Address <b>274 N. Nova Road</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>274 N. Nova Road</b> Suite, Apt. #, etc.	
City & State <b>Ormond Beach, FL</b> Zip <b>32174</b> Country <b>US of A</b>		City & State <b>Ormond Beach, FL</b> Zip <b>32174</b> Country <b>US of A</b>	
4. State/Country of Formation <b>Florida</b>		5. Date Organized or Qualified To Do Business in Florida <b>8/9/2000</b>	
6. FEI Number <b>22-2758142</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent			
Name <b>Robert Pavek</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>274 North Nova Road</b>			
Suite, Apt. #, Etc.			
City <b>Ormond Beach</b>		State <b>FL</b>	Zip Code <b>32174</b>
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.			
Signature of Registered Agent <b>Robert Pavek</b>		Date <b>5/16/05</b>	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>MGR</b>	<b>Robert Pavek</b>	<b>274 N. Nova Road</b>	<b>Ormond Beach, FL 32174</b>
<b>MGR</b>	<b>Michael Stauffer</b>	<b>274 N. Nova Road</b>	<b>Ormond Beach, FL 32174</b>
<b>REINSTATEMENT 02-05</b>			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager <b>Robert Pavek</b>		Date <b>5/16/05</b>	Daytime Phone <b>(386) 672-0502</b>
Typed or printed name of signing Managing Member/Manager <b>Robert Pavek</b>		<b>Michael Stauffer</b>	

CR2E041 (10/02)