PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

**FILED 8:00 AM November 08, 2016 Sec. Of State**

H16000275228

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
SHEAR GC, LLC (doc no L15000057118)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 2660 S. OCEAN BLVD APT 503W | 103 GAMMA DRIVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: PALM BEACH FL | City & State: PITTSBURGH PA |
| Zip: 33480 Country: USA | Zip: 15238 Country: USA |

4. State/Country of Formation: FLORIDA/USA

5. Date Organized or Qualified To Do Business in Florida: 3/26/2015

6. FEI Number: FEI IS TRUST'S EIN ☐ Applied For ☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Ann J. Williams ANN J. WILLIAMS Assistant Vice President Date: 11/7/2016

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/ Managers | Street Address of Each Authorized Representative/ Manager | City / State / Zip |
|---|---|---|---|
| AMBR | 2012 SHEAR GRANDCHILDREN TRUST | 2660 S. OCEAN BLVD APT 503W | PALM BEACH FL 33480 |
| | (BARBARA SHEAR TRUSTEE) | | |
| | | | |
| | | | |
| | | | |
| | | | |

11. E-mail Address:
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Barbara J Shear Date: 11/4/2016 Daytime Phone #:

Typed or printed name of signing Authorized Representative/Manager: BARBARA SHEAR, TRUSTEE OF 2012 SHEAR GRANDCHILDREN TRUST

L15000057118

1 of 2

14:57 Electronic Filing Audit Record 03/23/17

Fax Audit Number: H16-000275228 has a current status of FILED
From: C T CORPORATION SYSTEM
4400 EASTON COMMONS WAY
STE. 125
COLUMBUS OH 43219-0000 US
Contact Name: KIM LAUGHREY Ph: (614)280-3338
Userid: FCA000000023 Account: FCA000000023 Sub-Account:
Document Type: EFIL26 Total Pages: 1
Corporate Name: SHEAR GC, LLC
Certified Copy: Certificate of Status:
Fax Phone Number: (954)208-0845 Request Date: 11/07/16 Time: 17:30:35
Delivery Method: F Fax-Id: 816A00023954
Estimated Charge: $238.75
Capital Contr: $0.00 Amt Increase: $0.00
D/Reason: AR User Year: 2016 501(3)(C) STATUS:
Corp Status: I Total Corps:

Use [Ctrl-K] to list available Function Keys

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November 08, 2016
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