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LIMITED LIABILITY REINSTATEMENT
SHEAR INVESTMENTS V, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT #

1. Limited Liability Company's Name
SHEAR INVESTMENTS V, LLC (doc no L15000190123)

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: 11/10/2015

6. FEI Number: 47-5588497 ☐ 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
MGR	HERBERT S. SHEAR	2660 S. OCEAN BLVD APT 503W	PALM BEACH FL 33480
MGR	JOHN A. SHEAR	1916 N. HONORE	CHICAGO IL 60622
MGR	GERALD A. SHEAR	P O BOX 28549	LAS VEGAS NV 89101

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: [signature] Date: 11/4/2016 Daytime Phone # _____

Typed or printed name of signing Authorized Representative/Manager: HERBERT S. SHEAR, A MANAGER

RE 11/8/16