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To: Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614) 280-3338
Fax Number : (954) 208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**LIMITED LIABILITY REINSTATEMENT
SHEAR INVESTMENTS V, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$238.75

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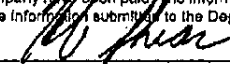
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SEC. SECRET. TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name SHEAR INVESTMENTS V, LLC (doc no L15000190123)					
2. Principal Office Address - No P.O. Box # 2660 S. OCEAN BLVD APT 503W		3. Mailing Office Address 103 GAMMA DRIVE		4. State/Country of Formation FLORIDA/USA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida 11/10/2015	
City & State PALM BEACH FL		City & State PITTSBURGH PA		6. FEI Number 47-5588497	
Zip 33480	Country USA	Zip 15238	Country USA	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 805, F.S. ANN J. WILLIAMS Signature of Registered Agent  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 808, 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 805.0012, F.S., and that all fees owed by the limited liability company have been paid. No 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  Date 11/4/2016 Daytime Phone # _____ Typed or printed name of signing Authorized Representative/Manager HERBERT S. SHEAR, A MANAGER					

RE 11/8/16