

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

1997 MAR 19 PM 2:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000093565

1. Corporation Name

SHEARER INVESTMENT CORPORATION

Principal Place of Business

Mailing Address

2206 Regal Way
NAPLES, FL 33942

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable
11563 S. SKYVIEW LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
OLATHE, KS

Zip

Country

Zip

Country

66061 Johnson

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0542391

Applied For

Not Applicable

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES	JOHN R. SHEARER	2206 Regal Way NAPLES, FL	NAPLES, FL 33942
VP	GEORGIA S. SHEARER	2206 Regal Way	NAPLES FL 33942
SEC	JOHN R. SHEARER	7900 QUIVIRA RD	LENEXA, KS 66215
TREA	THOMAS W. SHEARER	11563 S. SKYVIEW LN	OLATHE, KS 66061

REINSTATEMENT 95-97

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CT CORPORATION System
1200 S. Pine Island Rd
PLANTATION, FL 33324

Name

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

200002120802--8

Suite, Apt. #, Etc.

-03/21/97--01094--011

City

*****1080.00**

*****1080.00**

State
FL

Zip Code

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

See attached

REGISTERED AGENT MUST SIGN

Date

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 form do not qualify for an exemption under section 119.07(3)(l), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS W. SHEARER

3/10/97
Date

913 492 1230 x119
Daytime Phone #

CR25040 (12/96)

ACCEPTANCE OF APPOINTMENT

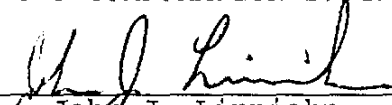
RE: SHEARER INVESTMENT CORPORATION

Pursuant to Sections 48.091 and 607.0501, Florida Statutes, the undersigned acknowledges and accepts its appointment as registered agent of the above corporation and agrees to act in the capacity and to comply with the provisions of the Florida Business Corporation Act (1990) relative to keeping open the registered office at the address specified above. The undersigned is familiar with, and accepts the obligations of, Section 607.0505, Florida Statutes.

Dated: January 30, 1997

C T CORPORATION SYSTEM

By


John J. Linniahn
Assistant Vice President