

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

AND
FILED

g/afz

00 DEC 12 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000056060

1. Corporation Name

SHEAR CONSTRUCTION AND DEVELOPMENT, INC.

2. Principal Office Address

6817 SW 81 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33143

Country

US

3. Mailing Office Address

6817 SW 81 TERRACE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

Zip

33143

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/23/1998

5. FEI Number

65-0848052

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

NEITMAN, NEAL S. ESQ.

300003501083-1

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

2900 SW 28th TERRACE

-12/14/00-01023-007

******150.00 ****150.00**

Suite, Apt. #, Etc.

GROVE PLAZA - 2ND FLOOR

City

COCONUT GROVE

State

FL

Zip Code

33133

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date **12/5/00**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<i>P/D/S/T</i>	SHEAR, GARY	6817 SW 81 TERRACE	MIAMI, FLORIDA 33143

10. 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)(i), 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

[Signature] President

Date

12-5-00 (305)-668-4949

Daytime Phone #

CR2E081 (9/99)



GROVE PLAZA BUILDING ~ SECOND FLOOR ~ 2900 S.W. 28 TERRACE ~ COCONUT GROVE, FL 33133

NEAL S. LITMAN
ROBERT J. NEMROW
CHARLES E. SAMMONS

LITMANLAW@AOL.COM
TELEPHONE: 305-441-9000
TELECOPIER: 305-441-1991

December 5, 2000

VIA FEDERAL EXPRESS

Ms. Michelle Milligan, Reinstatement Section
Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Shear Construction and Development, Inc.
Our File No. 2767.04

Dear Ms. Milligan:

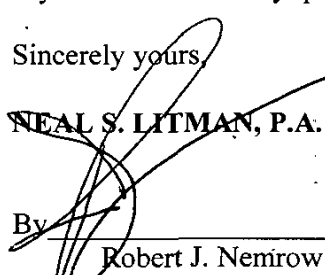
Enclosed herein please find the corporate reinstatement form and our client's check in the amount of \$150.00. Also enclosed are copies of the 1999 Corporate Annual Report and corporate on-line printout. Please note that although the 1999 Annual Report had the correct mailing address of the corporation, the on-line corporate printout shows an incorrect address. The corporation is located on 81st Terrace as set forth on the Report, and not on 8th Terrace as set forth on the on-line printout. Our client did not receive the 2000 Report nor any reminders with regard to filing.

Accordingly, we would respectfully request that the reinstatement fee be waived in this matter.

If you should have any questions, please do not hesitate to contact the undersigned.

Sincerely yours,

NEAL S. LITMAN, P.A.

By 
Robert J. Nemrow
RJN/ef

Enclosure

cc: Mr. Gary Shear (via fax)

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LAW OFFICES
NEAL S. LITMAN, P.A.