

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000069072

1. Corporation Name

SHEARESOLVE CONSULTING GROUP, INC.

Principal Place of Business

Mailing Address

3960 UTOPIA COURT
MIAMI FL 33133
US

3960 UTOPIA COURT
MIAMI FL 33133
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

08/07/1998

5. FEI Number

65-0861383

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D	SHEAR, HANNAH	3960 UTOPIA COURT	MIAMI FL 33133

700003447977--7

11/02/00-01007-005

****150.00 ****150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SHEAR, DAVID ESQ.
200 S. BISCAYNE BLVD.
SUITE 2100
MIAMI FL 33133

Name

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

Suite, Apt. #, Etc.

City

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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. 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.

KE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

20f2

FIELDSTONE LESTER SHEAR & DENBERG
ATTORNEYS & COUNSELLORS AT LAW

RONALD FIELDSTONE, P.A.
PAUL A. LESTER, P.A.
DAVID SHEAR, P.A.
MICHAEL B. DENBERG, P.A.

KENNETH R. DREYFUSS
STEVEN W. HELLER*

*ADMITTED IN NEW YORK
AND NEW JERSEY ONLY

SUNTRUST PLAZA
SUITE 601
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CORAL GABLES, FLORIDA 33134
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E-MAIL: fls@fl-s.com

OF COUNSEL:

ROBERT E. DADY, P.A.
LEE J. OSIASON, P.A.

October 13, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: SHEARESOLVE CONSULTING GROUP, INC.

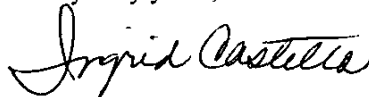
Gentlemen:

Our client, SHEARESOLVE Consulting Group, Inc., just received this Notice of Administrative Dissolution or Revocation quite to their surprise. They have informed us that they did not receive the original application packet to file their 2000 Annual Report and, therefore, did not file timely.

Please accept this Application for Reinstatement, together with the filing fee of \$150 attached, and reinstate this corporation. This was totally an inadvertence due to the fact that they did not receive the initial application and they always intended to file and continue this corporation.

We would appreciate your considering this matter and granting them a favorable resolution. Thank you for your cooperation.

Very truly yours,



Ingrid Castillo
Paralegal