

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # 738409

1. Corporation Name

SAHARA CLUB, INC.

Principal Place of Business  
232 Valencia Avenue  
Coral Gables, FL 33134

Mailing Address  
232 Valencia Avenue  
Coral Gables, FL 33134

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

03/18/97

5. FEI Number  
59-1732267

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

300002369683--1  
-12/11/97--01082--014  
\*\*\*1400.00 \*\*\*1400.00

FILED  
97 DEC -9 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P - D	PARKER BOGUE	3617 S. W. Third Avenue	Miami, FL 33145
VP - D	WESTON PULLER	452 S. W. 28th Road	Miami, FL 33129
S - D	JAMES R. BROWN	6710 S. W. 50th Terrace	Miami, FL 33155

REINSTATEMENT 78-97

CORAPREIN

TAB 12/9

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name  
G. VICTOR TUTAN  
Street Address (P.O. Box Number is Not Acceptable)  
2900 Middle Street  
Suite, Apt. #, Etc.  
5th Floor  
City  
Miami  
State  
FL  
Zip Code  
33133

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  
*G. Victor Tutan*  
REGISTERED AGENT MUST SIGN

Date 11-19-97

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)(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: X *G. Victor Tutan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
G. VICTOR TUTAN, Director

11-19-97  
Date  
(805) 448-3939  
Daytime Phone #

CR2040 (1-95)