

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 FEB -5 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 06367

1. Corporation Name

Sahara Beach Club
Development Corp.

2. Principal Office Address

1420 Pheasant Run Cir

Suite, Apt. #, etc.

City & State

Yardley, PA

Zip

19067

Country

USA

3. Mailing Office Address

1420 Pheasant Run Cir

Suite, Apt. #, etc.

City & State

Yardley PA

Zip

19067

Country

USA

REINSTATEMENT 88-01

4. Date Incorporated or Qualified To Do Business in Florida

10/12/84

5. FEI Number

59-2456398

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

Dennis J. Olle, Esq

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

2601 South Bayshore Drive

Suite, Apt. #, Etc.

Suite 1600

City

Miami

State

FL

Zip Code

33123

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

Dennis J. Olle
Dennis J. Olle

REGISTERED AGENT MUST SIGN

Date 2-2-01

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
P/S/ T/D	JONATHAN B. GEFMAN	1420 Pheasant Run Cir	Yardley, PA 19067
			200003757592--3 -02/23/01--01005--025 ***2353.75 ***2353.75

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

Jonathan B. Gelfman
Jonathan B. Gelfman

Date

2/1/01 (954) 567-7162
Daytime Phone #

CR2E081 (9/00)