

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

05 SEP 30 AM 9:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *N01648*

1. Corporation Name  
*Sahara Club of Marion County, Inc.  
c/o Ocala Shrine Club  
PO Box 830035  
Ocala FL 34483-0035*

2. Principal Office Address <i>PO Box 830035</i>		3. Mailing Office Address <i>PO Box 830035</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Ocala FL</i>		City & State <i>Ocala FL</i>	
Zip <i>34483-0035</i>	Country <i>Marion</i>	Zip <i>34483-0035</i>	Country <i>Marion</i>

4. Date Incorporated or Qualified To Do Business in Florida *9/24/84*

5. FEI Number *59-2956589*  Applied For  Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$3.75 Additional Fee required for a Certificate of Status

*00-05*

T. CR2E081 (8/05) 03 2005

7. Name and Address of Current Registered Agent

Name <i>Judy A. Headlee</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>5500 S.E 42nd Ct</i>	
Suite, Apt. #, Etc. <i>Ocala</i>	
City <i>Ocala</i>	State / Zip Code <i>FL 34480</i>

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10/04/05-01071-007 \*\*551.5

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 *Judy A Headlee* Date *10/30/05*

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
PD	<i>Mary Peterson</i>	<i>11094 NW Hwy 314</i>	<i>Silver Springs FL 34488</i>
UPD	<i>Bonnie Carter</i>	<i>14 Nashua Way</i>	<i>Ocala FL 34482</i>
SD	<i>Virginia Fink</i>	<i>4750 NE 23rd Ave</i>	<i>Ocala FL 34479</i>
TD	<i>Doris Piccard</i>	<i>5120 NE 9th St</i>	<i>Ocala FL 34470</i>
D	<i>Judy A Headlee</i>	<i>5500 S.E 42nd Ct</i>	<i>Ocala FL 34480</i>

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: *Judy A Headlee (Judy A Headlee)* Date *10/30/05* (352) 732-9223 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR