

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

PO Box 830035

Suite, Apt. #, etc.

3. Mailing Office Address

PO Box 830035

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34483-0035

Country

Marion

City & State

Ocala FL

Zip

34483-0035

Country

Marion

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

7. Name and Address of Current Registered Agent

Name

Judy A. Headlee

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

5500 S.E. 42nd Ct

Suite, Apt. #, Etc.

Ocala

City

000060223210

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

FL

34480

State

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date 10/30/05

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

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)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/30/05

Date

(352) 732-9223

Daytime Phone #