

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 10 AM 9:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N27929

1. Corporation Name

SAHARA CLUB INC.

400004193414--8
-05/11/01--01001--003
****297.50 ****297.50

00-01

2. Principal Office Address

2587 S. SANFORD AVE.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

Zip

Country

Zip

Country

32773-4606 USA

4. Date Incorporated or Qualified
To Do Business in Florida

08-17-1988

5. FEI Number

59-2929865

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

THOMAS MULLER

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

311 PACER CT

Suite, Apt. #, Etc.

City

SANFORD

State

FL

Zip Code

32773

REINSTATEMENT

2006-01

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

Thomas Muller

Date 3-19-01

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofessional 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
PRES	THOMAS MULLER (D)	311 PACER CT	SANFORD FL 32773
TREAS	THOMAS MULDER (D)	1213 MYRTLE AVE	SANFORD FL 32771
SEC	MARY LEYMAN (D)	701 E. AIRPORT AVE	SANFORD FL 32773

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 application are true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Thomas Muller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-19-01