

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 NOV 24 PM 4:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N44019

1. Corporation Name

Sahara Fund, Inc.

2. Principal Office Address

2101 Corporate Blvd

Suite, Apt. #, etc.

Suite 107

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

2101 Corporate Blvd.

Suite, Apt. #, etc.

Suite 107

City & State

Boca Raton, FL

Zip

33431

Country

USA

**REINSTATEMENT 02703**

4. Date Incorporated or Qualified  
To Do Business in Florida June 1991

5. FEI Number

650271304

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

Richard A. Joseph, Esq

300024980013

11/24/03--01094--016 #4309 25

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

Teschler Gutter Chaves Josepher Rubin Ruffin; Forman

Suite, Apt. #, Etc.

2101 Corporate Blvd, Suite 107

City

Boca Raton

State

FL

Zip Code

33431

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



Date

11/21/03

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
P/D	SMITH de CHERIF, Teresa	224 Hermosa Drive, SE	Albuquerque NM 87108
V/D	CHERIF, Ahmed	520 Middle River Drive	Fort Lauderdale, FL 33304
S/D	KNIGHT, James	385 Gore Creek Drive, #A2	Vail, Colorado 81657
T/D	SMITH, Maureen L.	520 Middle River Drive	Fort Lauderdale, FL 33304

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:

*Teresa K.E. Smith de Cherie* MD TERESA K.E. SMITH de CHERIF MD 11/17/03 (505)5731792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

*Tr*