

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **732590**

1. Corporation Name

SIKH DHARMA BROTHERHOOD OF ALTAMONTE SPRINGS, FLORIDA, INC. *

Principal Place of Business

Mailing Address

**400 CENTER ST.
ALTAMONTE SPRINGS FL 32701**

**400 CENTER ST.
ALTAMONTE SPRINGS FL 32701**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1975

5. FEI Number

51-0152375

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	KHALSA, SAMPURAM S.,	400 CENTER ST.	ALTAMONTE SPGS. FL
DV	KHALSA, MAHAN KALPA S.	400 CENTER ST.	ALTAMONTE SPGS. FL
SD	KHALSA, SWARN K.	400 CENTER ST.	ALTAMONTE SPGS. FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**KHALSA, SAMPURAM S.
400 CENTER ST.
ALTAMONTE SPRINGS FL 32701**

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date **12-2-99**

REGISTERED AGENT MUST SIGN

11. 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

Sampuram S. Khalsa

Date

12-2-99

Daytime Phone #

407-831-8101

FILED

99 DEC 10 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2040 (8/99)

Sikh Dharma Brotherhood of Altamonte Springs, Florida, Inc.
400 Center Street
Altamonte Springs, Florida 32701

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Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document # 732590
1999 Annual Report Filing
Application for Reinstatement

Dear Sir or Madam:

Enclosed please find the Application for Reinstatement and a check for \$61.25 for the above referenced corporation. Per a phone conversation with you office we are asking that the late fees be waived due to the fact that we mailed in the first notice and never heard anything.

Thank you for your assistance and prompt attention to this matter.

Sincerely,



Sampuran S. Khalsa
President/Director