

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 31 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001999

1. Corporation Name

AKAL SECURITY, INC.

Principal Place of Business

PO BOX 1197
SANTA CRUZ NM 87567

Mailing Address

PO BOX 1197
SANTA CRUZ NM 87567

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/19/1999

5. FEI Number

85-0279473

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
P	KHALSA, SOPURKH	RT 2 B7BB	ESPANOLA NM
V	KHALSA, DAYA	RT 2 B7BB	ESPANOLA NM
S	KHALSA, SIRIKARM	#7, SOMBCILLO RD	ESPANOLA NM

900008735309

10/31/02--01119--014 **150.00

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

C T Corporation System

Signature of
Registered Agent

Vickie M. Prince **SIGNATURE REQUIRED**

by: Vickie M. Prince, Asst. Secy.

Date October 28, 2002

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mal Kaur Khalsa

10/29/02 505-753-7832

Date

Daytime Phone #

CEO

CR2E040 (8/02)



P.O. Box 1197
Santa Cruz, NM 87567
505-753-7832
Fax 505-753-8689

October 29, 2001

Divisions of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed please find an application for reinstatement for Akal Security, Inc. and the \$150.00 fee to file, without penalty.

We did not receive a notification to file a corporation annual report/uniform business report. It is my understanding that companies were supposed to have been notified, prior to the date the report was due to be filed.

If you have any questions regarding this application, please contact our licensing administrator, Liz Roybal at 505-753-7832, ext. 2101.

Thank you for your consideration.

Sincerely,

Sat Nirmal Kaur Khalsa
Chief Executive Officer
Akal Security, Inc.