

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUL -7 AM 11:09

DOCUMENT # NO1000006577

1. Corporation Name

APOSTOLIC STRATEGIES INTERNAT-
IONAL, INCORPORATED

2. Principal Office Address - No P.O. Box #

3707 CEDAR HAMMOCK
TRAIL

City & State

ST. CLOUD FL.

Zip

34772

Country

OSCEOLA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (12/07)

**4. Date Incorporated or Qualified
To Do Business in Florida**

9-12-01

5. FEI Number

NONE

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

LARRY G. LANGSTON

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

3707 CEDAR HAMMOCK TRAIL

Suite, Apt. #, Etc.

City

ST CLOUD

State

FL

Zip Code

34772

~~NOT~~ REVIEWED

The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Larry G. Langston

REGISTERED AGENT MUST SIGN

Date 7-2-08

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	LARRY G. LANGSTON	3707 CEDAR HAMMOCK TR.	ST CLOUD, FL. 34772
VP	HENRY JONES	150 HOLCOMB CT.	30215 FAYETTEVILLE GA
SD	DAVID PAYNE	11825 HWY 142 N.	OKFORD GA. 30015
			800132374438 07/07/08--01060--018 **428.75
			REINSTATEMENT 02-08 5/7/8/08

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 contained in Chapter 119, 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.

407-451-8403

SIGNATURE:

Larry G. Langston

LARRY G. LANGSTON

7/2/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #