

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 FEB -8 PM 1:52

ALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # N06000002370

1. Corporation Name

Apostle House International Ministries, Inc

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

1777 Commander Harvey Ln

3. Mailing Office Address

P O Box 5874

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Navarre Florida

City & State

Navarre Florida

Zip

32566

Country

USA

Zip

32566

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 28 February 2006

5. FEI Number

20-0594631

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

Andrea R Waters

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

1777 Commander Harvey Ln

Suite, Apt. #, Etc.

City

Navarre

State

FL

Zip Code

32566

☒ 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

Andrea R. Waters

REGISTERED AGENT MUST SIGN

Date 2/2/2010

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
CEO	Gerald L. Waters Sr	1777 Commander Harvey Ln	Navarre Florida 32566
VP	Andrea R Waters	1777 Commander Harvey Ln	Navarre Florida 32566
			M. MILLIGAN EXAMINER
			FEB -9 2010

10. E-mail Address: gerald.waters@mchsi.com

(To be used for future annual report notification)

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. I further certify, 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:

Gerald L. Waters Sr **GERALD L. WATERS, Sr.** 2 FEB 10

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

FLORIDA BOARD #