2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P00000021034

Entity Name: API, INC.

FILED Sep 30, 2009 Secretary of State

Current P	Principal Place	of Business:	New Principal Place	New Principal Place of Business:	
SUITE 130	_AKEWOOD W 0 MMIT, MO 640			1270 NE DELATA SCHOOL RD LEES SUMMIT, MO 64064 US	
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	TH ROGERS C TON, FL 3348				
FEI Number	r: 48-1227116	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	Current Registered Agent:	Name and Address o	f New Registered Agent:	
	BLEN TH ROGERS C TON, FL 3348				
	e named entity : e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE: GLEN AL	BER			
	Electror	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n	ot receive the prior notice.		
	mpaign Financing S AND DIREC	g Trust Fund Contribution ().	ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTOR	
Title: Name:	PD () RAFTER, EDW) Delete	Title: Name:	() Change () Addition	
Address:	11323 GRAND		Address:		
City-St-Zip:	OVERLAND PA		City-St-Zip:		
Title:	VP () Delete	Title:	() Change () Addition	
Name:	HARTFIEL, MA		Name:	· , · , · ,	
Address:	1009 NE KENV		Address:		
City-St-Zip:	LEES SUMMIT		City-St-Zip:		
Title:	SD () Delete	Title:	() Change () Addition	
Name:	ROGERS, ED		Name:		
Address:	14580 W 152N		Address:		
City-St-Zip:	OLATHE, KS 6	6062	City-St-Zip:		
Title:	MR. ()	Delete	Title:	() Change () Addition	
Name:	ALBER, GLENN		Name:		
Address:	995 NW 6TH S		Address:		
City-St-Zip:	BOCA RATON.	FL 33486	City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD RAFTER PD 09/30/2009