

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 SEP 29 AM 8:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P00000009839

1. Corporation Name

COASTAL FUTURES MANAGEMENT CORP.

REINSTATEMENT

000023400320  
09/29/03--01057--017 \*\*300.00

2. Principal Office Address  
9640 CLYO ROAD

3. Mailing Office Address  
637 N.E. 19TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WASHINGTON TOWNSHIP, OH

DEERFIELD BEACH, FL

Zip

Country

Zip

Country

45458

USA

33441

USA

4. Date Incorporated or Qualified  
To Do Business in Florida 01/26/2000

5. FEI Number  
52-2212985

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

DANIEL R. MAUS

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

637 N.E. 19TH AVENUE

Suite, Apt. #, Etc.

City

DEERFIELD BEACH

State

FL

Zip Code

33441

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

*Daniel R. Maus*

Date 09/25/2003

REGISTERED AGENT MUST SIGN

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 Officers and/or Director	City/State/Zip
D	DANIEL R. MAUS	637 N.E. 19TH AVENUE	DEERFIELD BEACH, FL 33441
P	BRADLEY R. MAUS	9640 CLYO ROAD	WASHINGTON TOWNSHIP, OH 45458

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 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:

*Daniel R. Maus*

DANIEL R. MAUS

9/25/2003 888.508.7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Florida Department of State  
Division of Corporations

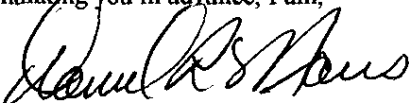
September 29, 2003

Subject: Reinstatement

To Whom It May Concern:

Upon talking with your department about our corporation Coastal Futures Management Inc. which has a Tax ID # 522212985. I would like to throw myself at your mercy. This corporation was moved physically from the state of Florida to the state of Ohio in February of 2001. Our old mailing address for the corporation was 16 Royal Palm Way Boca Raton Florida 33441. Our new address in Ohio at the current time is 9640 Clio Road--- Washington Township ,Ohio 45458. We were unaware of any correspondence from your offices to our office over the last 32 months as no mail was ever forwarded to our new address. We did contacted the state of Ohio in February of 2001 as we are currently doing business in that state. By our own admission our back office people were not aware that we had to continue to send in fees to the state where you originally incorporated. We do wish to start the process to reinstate this corporation and if there is any way your department can find a way to waive the penalty fees for our ignorance it would be greatly appreciated. I can be contacted during the day at my office between 8 & 4 at 1-888-508-7500.

Thanking you in advance, I am,

A handwritten signature in black ink, appearing to read "Daniel R. Maus". The signature is fluid and cursive, with the first name "Daniel" being the most prominent part.

Daniel R. Maus