

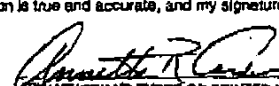


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		REINSTATEMENT	
DOCUMENT # P00000073289 1. Corporation Name Coast Financial Partners, Inc.					
2. Principal Office Address - No P.O. Box # 1301 8th Ave West Suite, Apt. #, etc.		3. Mailing Office Address 600 James S. McDonnell Blvd Suite, Apt. #, etc. c/o Tax Dept.		4. Date incorporated or Qualified To Do Business in Florida August 1, 2000	
City & State Bradenton, FL		City & State Hazelwood, MO		5. FEI Number 65-1038819	
Zip 34205	Country USA	Zip 63042	Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc.				<input type="checkbox"/> 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.	
City Plantation		State FL	Zip Code 33324		
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S. Signature of Registered Agent:  Date: 4/29/2008 Jon L. Miles, Asst. Sec. REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit 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	Terrance M. McCarthy	600 James S. McDonnell Blvd		Hazelwood, MO 63042	
TD	Lisa K. Vansickle	600 James S. McDonnell Blvd		Hazelwood, MO 63042	
SD	Peter D. Wimmer	135 N. Meramec		Clayton, MO 63105	
V	Annette R Carson	600 James S. McDonnell Blvd		Hazelwood, MO 63042	
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 807 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.					
SIGNATURE:  Vice President		Annette R Carson PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/26/2008 Date	314-582-6615 Daytime Phone #

3. Matched MAY 1 2008

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Florida Department of State
Division of Corporations
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CORPORATION REINSTATEMENT**COAST FINANCIAL PARTNERS, INC.**

Certificate of Status	0
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Page Count	02
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