PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
05 APR 27 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000003373

1. Corporation Name
Commercial Properties Development Corporation

04-05

2. Principal Office Address	3. Mailing Office Address
5630 Bankers Avenue	5630 Bankers Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Baton Rouge, Louisiana	City & State: Baton Rouge, Louisiana
Zip: 70809-2609 Country:	Zip: 70809-2609 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 06/22/2001

5. FEI Number: 72-0594391 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ ($30.00 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.:

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: Denise Bell Denise Bell Date: 4-26-05
REGISTERED AGENT MUST SIGN Assistant Secretary

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director President	C. Cammack Morton	5630 Bankers Ave.	Baton Rouge, La. 70808
VP	Timothy W. Hinson	5630 Bankers Ave.	Baton Rouge, La. 70808
VP	Christopher G. Gavrelis	5630 Bankers Ave.	Baton ROuge, La. 70808
VP Treasurer	Carolyn E. Martin	5630 Bankers Ave.	Baton Rouge La. 70808
Sec.	Deborah P. Travis	5630 Bankers Ave.	Baton Rouge, La. 70808

10. I certify that I am an officer or director of the reviver corporation 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: Deborah P. Travis 4/26/05 225/924-7206
DEBORAH P. TRAVIS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLR10 - 03/2003 CT System Online

T. Roberts APR 28 2005

Florida Department of State

Division of Corporations

Public Access System

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CORPORATION REINSTATEMENT

COMMERCIAL PROPERTIES DEVELOPMENT CORPORATION

Certificate of Status	1
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