FILED
04 OCT 5 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 04

DOCUMENT # L79940

1. Corporation Name

West Palm Beach, Fla., Commercial Properties Development Corporation

2. Principal Office Address	3. Mailing Office Address
5630 Bankers Ave.	5630 Bankers Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Baton Rouge, Louisiana	City & State: Baton Rouge, Louisiana
Zip: 70808 County: EBR Parish	Zip: 70808 County: EBR Parish

4. Date Incorporated or Qualified To Do Business in Florida: 6/13/1990

5. FEI Number: 72-0635152 (Applied For / Not Applicable)

6. CERTIFICATE OF STATUS DESIRED: NO

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 _____ REGISTERED AGENT MUST SIGN Date _____

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
D/Pres.	C. Cammack Morton	5630 Bankers Ave.	Baton Rouge, Louisiana 70808
VP/T	Carolyn B. Martin	5630 Bankers Ave.	Baton Rouge, Louisiana 70808
VP	Timothy W. Henson	5630 Bankers Ave.	Baton Rouge, Louisiana 70808
Sec	Deborah P. Travis	5630 Bankers Ave.	Baton Rouge, Louisiana 70808

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: _____ 10/5/04 225/924-7206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Deborah P. Travis

04 OCT -5 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

WEST PALM BEACH, FLA., COMMERCIAL PROPERTIES DEVELOP

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