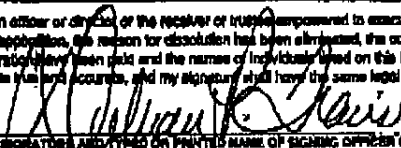


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L79940					
1. Corporation Name West Palm Beach, Fla., Commercial Properties Development Corporation					
2. Principal Office Address 5630 Bankers Ave. State, Apt. #, etc.			3. Mailing Office Address 5630 Bankers Ave. State, 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 ☒ 50.75 (Indicate Fee required by Constitution of State)	
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					
State, 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 sections 807.0805 or 817.0803, F.S.					
Signature of Registered Agent _____ DATE _____ REGISTERED AGENT MUST SIGN					
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 of the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, 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 807.0401 or 817.0401, 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)(b), 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deborah P. Travis					

04 OCT -5 AM 8:27

Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850) 205-0384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

CORPORATION REINSTATEMENT

WEST PALM BEACH, FLA., COMMERCIAL PROPERTIES DEVELOP

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