


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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| CORPORATION REINSTATEMENT | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # <u>9300051059</u> P3000051059 | | | |
| 1. Corporation Name Hardin Development Corporation | | | |
| 2. Principal Office Address 5551 Corporate Boulevard Suite, Apt. #, etc. 2-A City & State Baton Rouge, LA Zip 70808 Country USA | | 3. Mailing Office Address P.O. Box 66338 Suite, Apt. #, etc. --- City & State Baton Rouge, LA Zip 70896-6338 Country USA | |

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 00

| | | |
|---|------------|-------------------------------|
| 4. Date Incorporated or Qualified To Do Business in Florida | 07/21/93 | SP |
| 5. FEI Number | 59-3194679 | Applied For Not Applicable |
| 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | | |

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|---|----------------------------------|
| 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 |

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****758.75 ****758.75

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|---|---|
| 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 <i>Victor Alfano</i> | VICTOR ALFANO ASSISTANT SECRETARY Date <u>12/2/00</u> |

| | | | |
|--|--------------------------------------|---|-----------------------|
| 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 Officer and/or Director | City / State / Zip |
| P/D | Kevin Reilly, Jr. | 5551 Corporate Boulevard Suite 2-A | Baton Rouge, LA 70808 |
| VP/T/D | Keith Istre | " | " |
| VP/D | Gerald Marchand | " | " |
| S | James McIlwain | " | " |
| | | | |
| | | | |

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:

Keith Istre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Keith A. Istre

Date

12/8/00

Daytime Phone #

225-926-1000

CR2E081 (9/99)