

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
00 DEC 11 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000012713

1. Corporation Name

Parsons Development Company

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.

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City & State

Baton Rouge, LA

Zip

70896-6338

Country

USA

**REINSTATEMENT**

4. Date Incorporated or Qualified  
To Do Business in Florida

02/09/98

SP

5. FEI Number

59-3500218

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 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.

City

Plantation

State

FL

Zip Code

33324

300003506163-6  
-12/19/00-01077-018  
\*\*\*\*758.75 \*\*\*\*758.75

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

*Victor Alfano*  
REGISTERED AGENT MUST SIGN

**VICTOR ALFANO**  
**ASSISTANT SECRETARY**

Date

12/7/00

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/Dir.	Keith Istre	"	"
VP/Dir.	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*

Keith A. Istre

12/8/00

Date

225-926-1000

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (8/98)