2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 849177 1. Entity Name CBCA ADMINISTRATORS, INC.						FILED 06 APR -3 AM 7:51				
Principal Place 4150 INTERN FT WORTH, TO	VATIONAL PLAZA., #900	Mailing Address 4150 INTERNATIONAL FT WORTH, TX 76109	150 INTERNATIONAL PLAZA., #900				;	ALIAIA	ELL OF STA	i ATE CKIDA
2. Principal Pl	ace of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				03132006	REIN-P	CR2E	098 (11/05)	05.06
City & State	9	City & State				4. FEI Number 23-217			<u> </u>	plied For t Applicable
Zīp	Country	Zip Coun		try		5. Certificate	of Status Desir	ed 🗌	\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent						7. Name and	Address of N	w Registered	Agent	
1201 HAYS	ATION SERVICE COMPANY S STREET SSEE, FL 32301-2525		Street Address (P.			P.O. Box Numb	er is Not Accep	table)		
				City					Zip Code	
R The above	named antity submits this statement for	v the numero of changing its	rociotor		radiator	ad agent or ha	th in the Ctate	FI	<u>- </u>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.										
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)										
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.										
10.	OFFICERS AND		11.			ADDITIONS/	CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11
TITLE NAME	AS KELLEY, JUDY N	Delete	TETLE						☐ Change	☐ Addition
STREET ADDRESS	, ,					1	י <mark>קטס</mark> 1/06010	0802	771	
CITY-ST-ZIP	FT WORTH, TX 76109					04/18	3/06010	038014	**300.	. 00
TITLE NAME	S RABINOWITZ, BARBRA L	☐ Delete	TITL						Change	☐ Addition
STREET ADDRESS										}
CITY-ST-ZIP	ZP FT WORTH, TX 76109 cm									
TITLE	DP PILLARI, GEORGE D	☐ Delete	πL	<u>.</u>		sctor sella, Ke	n		Change	Addition
NAME STREET ADDRESS	T				0.50 0.50	E. Broad	St., 2131	Floor		1
CITY-ST-ZIP	LOS GATOS, CA 95032		CITY	-ST-ZIP	Colu	0, audimi	H 4321	ヹ		
TITLE	CEO	Delete	TITLE		C.E.C	-IIA KOU			Change	Addition
NAME Street Address	PILLARI, GEORGE D 16190 LOS GATOS BOULEVAR	D	NAM: STRE	et address	0.50	E. Br	od St.	, Ste. 2	14 Floor	
CITY-ST-ZIP	LOS GATOS, CA 95032		CITY	-ST-ZIP	(H)	umbus	OH 47	3215		
TITLE	TCFO	Delete	пп						☐ Change	☐ Addition
NAME Street address	KOO, DOUG 16190 LOS GATOS BOULEVAR	D	NAM STRE	E Et address		1.				
CITY-ST-ZIP	LOS GATOS, CA 95032			-ST-ZIP	$W_{\mathcal{L}}$	<u> </u>				
TITLE		☐ Delete	mu		h	•			Change	☐ Addition
NAME Street address			NAM	E et address	•					1
CITY-ST-ZIP	<u> </u>			-ST-ZIP						
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: **SIGNATURE:* **Burnary** **Burnary** **Burnary** **Rabinount** **Burnary** **Bu										