

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6384

From: Account Name : FRANK, WEINBERG, BLACK, P.L.
Account Number : I20040000083
Phone : (954) 474-8000
Fax Number : (954) 474-9850

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
CBA FINANCIAL, INC.**

Certificate of Status	0
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F00000006035

1. Corporation Name
CRA FINANCIAL, INC.

2. Principal Office Address - No P.O. Box #
10933 Hallworth Avenue

3. Mailing Office Address
10933 Hallworth Avenue

Subs. Apt. #, etc. **#6** Subs. Apt. #, etc. **#6**

City & State **Los Angeles, CA** City & State **Los Angeles, CA**

Zip **90024** Country **USA** Zip **90024** Country **USA**

4. Date incorporated or Qualified To Do Business in Florida **10/27/2000**

5. FEI Number **95-4711793** Applied For (Not Applicable)

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name **Frank Weinberg & Black, P.L.L.C.**
Street Address (P.O. Box Number is Not Acceptable) **7805 S.W. 6th Court**
Subs. Apt. #, etc.

City **Plantation** State **FL** Zip **33324**

8. I hereby appoint the registered agent of the above named corporation and hereby accept the obligations of section 607.04(5) and 617.0303, F.S.


Signature of Registered Agent **David Black** REGISTERED AGENT MUST SIGN Date **12/29/2010**

9. Names and Street Addresses of Each Officer and/or Director (Florida requires corporations consist of two or more officers)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City/State/Zip
PST	Conrad C. Baker	10933 Hallworth Ave., #6	Los Angeles, CA 90024
CO	Conrad C. Baker	10933 Hallworth Ave., #6	Los Angeles, CA 90024

10. E-mail Address: **lisa@crafinancial.com**

11. I certify that I am an officer or director or the receiver or trustee or liquidator of the corporation and I am qualified to receive the requirements of section 607.04(5) and 617.0303, F.S., that all fees owed by the corporation have been paid, I understand that 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:  12/29/10 (310)445-250

EXAMINER

DEC 29 2010

S. HAWKES

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