2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 24, 2008
Secretary of State

DOCUMENT# P06000049601

Entity Name: CRAY'S INC.

Current Principal Place of Business:

4649 CLYDE MORRIS BLVD
SUITE 611
PORT ORANGE, FL 32129

New Principal Place of Business:

Current Mailing Address:

301 WALK VIEW CT
APOPKA, FL 32703

New Mailing Address:

FEI Number: 20-4647632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATEL, AMRISH
301 WALK VIEW CT
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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.

SIGNATURE: AMRISH PATEL

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PATEL, AMRISH
Address: 301 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

Title: VPD ( ) Delete
Name: PATEL, RANNA
Address: 301 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

Title: TD ( ) Delete
Name: PATEL, MAYUR
Address: 301 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete
Name: PATEL, NILESH
Address: 301 WALK VIEW CT
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AMRISH PATEL PD 11/24/2008

Electronic Signature of Signing Officer or Director — Date