

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 30 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000004808

1. Corporation Name

HITACHI SEMICONDUCTOR (AMERICA) INC.

Principal Place of Business

Mailing Address

6401 LONGHORN DR
IRVING, TX 75063-2738
XXXXXXXXXX

6401 LONGHORN DR
IRVING, TX 75063-2738
XXXXXXXXXX

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

179 East Tasman Drive

179 East Tasman Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

San Jose, Ca 95134

San Jose, Ca 95134

City & State

City & State

Zip

95134

Country

USA

Zip

95134

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Please see attached

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3
DCEO	NOMMA XOSEI X	2000 SIERRA POINT PKWY X
D	HATSUKANO, YOSHIKAZU X	179 E TASMAN DR X
D	OSANO, WILLIAM X	2000 SIERRA POINT PKWY X
D	ITO, HIDEAKI X	2000 SIERRA POINT PKWY X
DV	FLUKYAMA, MASATAKA X	6401 LONGHORN DR X
V	KAWAHARA, HARUNORI X	6401 LONGHORN DR X

City / State / Zip 4
BRISBANE, CA 94005 X
SAN JOSE, CA 95134 X
BRISBANE, CA 94005 X
BRISBANE, CA 94005 X
IRVING, TX 75063 X
IRVING, TX 75063 X

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

200003095332--5
-01/12/00--01002--013
****750.00 State ****750.00
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with the provisions of Section 607.0505, F.S.

Signature of
Registered Agent

Deborah D. Skipper

REGISTERED AGENT MUST SIGN

Deborah D. Skipper
as its agent

Date 12/27/99

11. 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/17/99

Date

Daytime Phone #

KE