

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG 19 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000085777

1. Corporation Name

SUPERTEX AMERICA, INC.

Principal Place of Business	Mailing Address
200 S. Biscayne Blvd. Ste. #4874 Miami, Florida 33131	200 S. Biscayne Blvd. Ste. #4874 Miami, Florida 33131

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		4. Date Incorporated or Qualified To Do Business in Florida 10/17/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 65-0702933	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D/P	Botta, Eduardo Herrera	200 S. Biscayne Blvd.	Miami, FL 33131
S	Perez, Marta	200 S. Biscayne Blvd.	Miami, FL 33131
T	Botero, Ramiro	200 S. Biscayne Blvd.	Miami, FL 33131

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****908.75 ****908.75

B. 8/19 REINSTATEMENT 97-98

8. Name and Address of Current Registered Agent

Peninsula Registered Agents, Inc.
200 S. Biscayne Boulevard
Ste. #4874
Miami, Florida 33131

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City
State FL
Zip Code

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

Signature of Registered Agent By: *Debra Kirschner*
Debra Kirschner, Vice President

Date 7/31/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No

(See other side for information on intangible tax.)

12. 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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Botta, Eduardo Herrera, President

August 7, 1998 305/361-9659
Date Daytime Phone #

CR2E040 (1-98)