

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 9:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F00000004386

1. Corporation Name

VIRAGE LOGIC CORPORATION

Principal Place of Business

~~46501 LANDING PARKWAY~~
FREMONT CA 94538

Mailing Address

~~46501 LANDING PARKWAY~~
FREMONT CA 94538



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

2. New Principal Office Address, If Applicable

47100 Bayside Parkway
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

47100 Bayside Parkway
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

08/02/2000

5. FEI Number

77-0416232

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	KABLANIAN, ADAM	46501 LANDING PARKWAY 47100 Bayside Parkway	FREMONT CA 94538
VD	SHUBAT, ALEXANDER	46501 LANDING PARKWAY "	FREMONT CA 94538
VCFO	PEKARSKY, JAMES R	46501 LANDING PARKWAY "	FREMONT CA 94538
V	RATFORD, VINCENT P Singh. Raj	46501 LANDING PARKWAY "	FREMONT CA 94538
V	LEUNG, RAYMOND T	46501 LANDING PARKWAY "	FREMONT CA 94538
VD	ZORIAN, YERVANT	46501 LANDING PARKWAY "	FREMONT CA 94538

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

780009327267
12/03/02--01076--020 **150.00

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

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
James Pekarisky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/22/02

Date

(510) 360-8000

Daytime Phone #

CR2E040 (8/02)



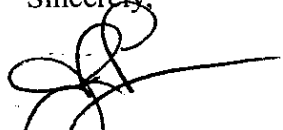
VIRAGE
LOGIC

November 22, 2002

Department of State,

We never received the UBR notices, and therefore would like the reinstatement fee to be waived. If you have any questions concerning this matter, please contact Ryan Teed at (510) 360-8073. Thank you very much.

Sincerely,



James Pekarsky
CFO