

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN 23 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000005120

1. Corporation Name

KOMATSU SILICON AMERICA, INC.

Principal Place of Business

Mailing Address

25300 NW EVERGREEN
HILLSBORO OR 97124

25300 NW EVERGREEN
HILLSBORO OR 97124

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

09/25/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

93-1185678

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
C	AOYAGI, KAZUHIRO	25300 NW EVERGREEN	HILLSBORO OR 97124
V	IKEDA, KUNIO	25300 NW EVERGREEN	HILLSBORO OR 97124
DP	MATLOCK, JOHN	25300 NW EVERGREEN	HILLSBORO OR 97124
DV	FUKUHARA, MASONORI	25300 NW EVERGREEN	HILLSBORO OR 97124
ST	YUNO, MITSUO	25300 NW EVERGREEN	HILLSBORO OR 97124
TS	TAYLOR, PAUL	5285 SW MEADOWS RD SUITE 370	LAKE OSWEGO OR 97035

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

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. or 617.0505, F.S.

Signature of
Registered Agent

JACK CASKEY

REGISTERED AGENT MUST SIGN

ASSISTANT VICE PRES.

Date

1/14/2004

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10R2E040 (7/03)