

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Lethbridge Harris Secretary of State DIVISION OF CORPORATIONS		LO1000017186	
DOCUMENT # LO1000017186				03 OCT -9 AM 10:29 WL10/23	
1. Limited Liability Company's Name VISHAY II, LLC					
REINSTATEMENT 2002-2003					
2. Principal Office Address 90 the UPS STORE Suite, Apt. #, etc. 7512 DR. Phillips Blvd, #50 City & State Orlando, FL. Zip 32819 Country USA			3. Mailing Office Address 90 the UPS STORE Suite, Apt. #, etc. 7512 DR. Phillips Blvd, #50 City & State Orlando, FL. Zip 32819 Country USA		
4. State/Country of Formation FL			5. Date Organized or Qualified To Do Business in Florida 10/05/2001		
6. FEI Number 59 3743078			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$5.00 Additional Fee required for a Certificate of Status		

8. Name and Address of Current Registered Agent		
Name V. Anrattal (a/k/a V. Patel)		
Street Address (P.O. Box Number is Not Acceptable) 6436 Crestmont Glen Lane		
Suite, Apt. #, Etc.		
City Windermere	State FL	Zip Code 34786

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent 	Date 10/1/03
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	V. Anrattal (a/k/a V. Patel)	6436 Crestmont Glen Lane	Windermere, FL. 34786
REINSTATEMENT 2002-2003			
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager 	Date 10/1/03	Daytime Phone #
Typed or printed name of signing Managing Member/Manager V. Anrattal (a/k/a Victor Patel)		

CR2E041 (9/01)