PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



Daytime Phone #

Date

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		04 AUG 16 AM 9: 19  SECRETARY OF STATE TALLAHASSEE. FLORIDA	
DOCUMEN  1. Corporation Name BOCA SEMICO	T# P00000	114815		TALLAHASSI	EE. FLORIDA
1200 SOUTH R	OGERS CIRCLE				
2. Principal Office Address 1200 SOUTH ROGERS CIRCLE		3. Mailing Office Address		<b>900040</b> 2 08/16/0401081	224319 04 **300.00 A
Suite, Apt. #, etc. BUILDING #12		Suite, Apt. #, etc.		Date Incorporated or Qualifit     To Do Business in Florida 1	ed 2/15/2000
City & State BOCA RATON		City & State		5. FEI Number Applied For Not Applied be Not Applied For Not Applied be	
<sup>Zip</sup> 33487	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESI	CR 75 Addising 5
Name		7. Name and A	Address of Current Register	ed Agent	105NT 102-04
	SCOTT ROSENSTEIN			REIRSTATE	AND A TOP
Street Ac 1200 S	Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH ROGERS CIRCLE				
Suite, Ap BUILD	Suite, Apt. #, Etc. BUILDING #12				
BOCA	RATON		State Zip 334	Code 87	
8. I, being appointed the Signature of Registered Agent	he registered agent of the abor	ve named comoration, am	familiar with and accept the ot	oligations of section 607.0505 or $6^{\circ}$	į.
negistered Agent	RE	GISTERED AGENT MUST	SIGN	Date	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / State / Zip
PRES SCOTT	SCOTT ROSENSTEIN		WAL		
VP RICHAI	RICHARD ROSENSTEIN		0,0		
			N		
10. 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 name 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

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Boca Semiconductor Corporation
1200 South Rogers Circle Blog#1 2
Boca Raton, Florida 33487

Phone: 561-226-8500

Fax: 561-226-8523 http:/www.bocasemi.com email: sales@bocasemi.com

August 13, 2004

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Corporation Reinstatement

Please accept our check for \$300 to reinstate our corporation, which covers the fees for 2003 and 2004. We never received the annual filing and dissolution forms as they were being sent to our former attorney who never forwarded them to us.

Thanking you in advance

Scott Rosenstein, Pres

Boca Semiconductor Corp.