

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 FEB 28 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000028033

1. Corporation Name

C-MAC MICROCIRCUITS USA, INC.

2. Principal Office Address

1601 HILL AVENUE

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

Zip

33407

Country

USA

3. Mailing Office Address

c/o Soletron Corporate Tax

Suite, Apt. #, etc.

847 GIBRALTAR DR, BL 5

City & State

MILPITAS, CA

Zip

95035

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

MARCH 27, 1997

5. FEI Number

65-0741803

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

NASEEM A. CONDE

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
P	BRIAN ANTELL	847 GIBRALTAR DR, BLDG 5	MILPITAS, CA 95035
T	WARRAN LIGAN	847 GIBRALTAR DR, BLDG 5	MILPITAS, CA 95035
S/D	ROBERT A AESCHLIMAN	847 GIBRALTAR DR, BLDG 5	MILPITAS, CA 95035
D	JULIO LEUNG	847 GIBRALTAR DR, BLDG 5	MILPITAS, CA 95035
D	PERRY G HAYES	847 GIBRALTAR DR, BLDG 5	MILPITAS, CA 95035

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 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:

Robert Aeschliman, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/2003

Date

408-957-8500

Daytime Phone #

CR2E081 (10/02)

js 2/3