

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

APPROVED AND FILED
 98 DEC 10 PM 4:57
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P22329**

1. Corporation Name

ORBOTECH, INC.

100002713381--7

-12/15/98--01087--001

****750.00 ****750.00



REINSTATEMENT 98

Principal Place of Business	Mailing Address
44 MANNING RD.* BILLERICA MA 01821-3931	44 MANNING RD. BILLERICA MA 01821-3931
Attn.: D.W. O'Rourke	

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/29/1988	
City & State		City & State		5. FEI Number	
Zip		Country		02-0370680	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
				\$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
T	STEINBERG, AMICHAH	44 MANNING ROAD	BILLERICA MA 01821
P	LEVINE, MOSHE Cohen, Raanan	44 MANNING RD	BILLERICA MA 01821
D	RICHTER, YOCHAI	(N/A) P.O. Box 215 (N/A)	YAVNE IS 70651
S	BORDWIN, MILTON	50 ROWES WHARF	BOSTON MA 02110
D	FALK, DANNI	(N/A) P.O. Box 215 (N/A)	YAVNE IS 70651
D	SHANI, HAIM Ullman, Shimon	(N/A) P.O. Box 215 (N/A)	YAVNE IS 70651

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. <i>12/11</i> City State FL Zip Code	

10. I, being appointed the registered agent of the above named corporation, am familiar with and acknowledge the provisions of Section 607.0505, F.S.

Signature of Registered Agent: Barbara A. Burke **REGISTERED AGENT MUST SIGN** SPECIAL ASSISTANT SECRETARY
 Date: 12-8-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)

12. 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: Amichai Steinberg 11/16/98 (978) 901-5050
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/88)