PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC -2 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P38067**

1. Corporation Name

KOKUSAI SEMICONDUCTOR EQUIPMENT CORPORATION

Principal Place of Business	Mailing Address
25 ESQUIRE ROAD NORTH BELLRICA MA 01862	25 ESQUIRE ROAD NORTH BELLRICA MA 01862

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 03/26/1992

5. FEI Number: 04-3144511 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
CEO	~~SUZUKI, MAKOTO~~ Matsue, Yoshio	~~192 KENNEDY DR~~ 390 Elan Village Lane #420	~~MALDEN MA~~ San Jose, Ca
~~PD~~	~~MACAULIFFE, ROBERT P.~~	~~29 ELLEN ROAD~~	~~BURLINGTON MA~~
T	SUGITA, ATSUSHI	625 MAIN STREET	LEADING MA
PD	MORTON, PATRICK	699 MANRESA LANE	LOS ALTOS CA
D	FUKUDA, KENJI	P'S HIGASHI-NAKANO BLDG, 3-14-20	NAKANO-KU TO
			TS

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8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name: -12/14/99--01074--019

Street Address (P.O. Box Number is Not Acceptable): ****750.00

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.

Signature of Registered Agent: Jennifer L. Morgan Special Asst. Secretary Date: 11-11-99
REGISTERED AGENT MUST SIGN

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: Mark Kunori REQUIRED Nov. 18, 1999 978-670-5501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #