

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

FILED

15 SEP -2 AM 11:39

CORPORATION REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 836846
 1. Corporation Name
HORIBA INSTRUMENTS INCORPORATED

2. Principal Office Address - No P.O. Box #
9755 Research Dr.
 Suite, Apt. #, etc.

3. Mailing Office Address
9755 Research Dr.
 Suite, Apt. #, etc.

City & State
Irvine, CA

Zip Country
92618

4. Date Incorporated or Qualified To Do Business in Florida
08/12/1976

5. FEI Number
33-0820160

6. CERTIFICATE OF STATUS DESIRED
 \$8.75 Additional Fee required for a Certificate of Status

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 State Zip Code
Plantation FL 33324

09/02/15--01013--017 **150.00
 800275724888
 800275724888
 08/04/15--01031--018 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 817.0503, F.S.
 Signature of Registered Agent *[Signature]* **Tristen Emrich**
 Assistant Secretary Date **7-23-15**
 REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Dr. Jai Hakhu	9755 Research Dr.	Irvine, CA 92618
PRESIDENT	Dan Horiba	9755 Research Dr.	Irvine, CA 92618
CFO	Sylvia Nie	9755 Research Dr.	Irvine, CA 92618

REINSTATEMENT
~~7/15-2015~~
 7/17-2015

10. E-mail Address: **vincent.luu@horiba.com**
 (To be used for future annual report notification)

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, 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 807.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: **DAN HORIBA** **7/23/15** **949-242-8505**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Handwritten Signature]