

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F01000005688

1. Corporation Name
 ROBOTIC VISION SYSTEMS, INC.

Principal Place of Business Mailing Address
 5 SHAWMUT RD 5 SHAWMUT RD
 CANTON MA 02021 CANTON MA 02021

FILED
 03 SEP -3 PM 12: 32
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 500021714085
 07/22/03--01011--002 **750.00

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. 486 Amherst St.		Suite, Apt. #, etc. 486 Amherst St.		11/01/2001	
City & State Nashua, NH		City & State Nashua, NH		5. FEI Number	
Zip 03063		Zip 03063		11-2400145	
Country USA		Country USA		Applied For	
				Not Applicable	
				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	4 City / State / Zip
P	COSTA, PAT V	5 SHAWMUT ROAD 486 Amherst St	CANTON MA Nashua, NH
V	HOWES, CURTIS	5 SHAWMUT ROAD 486 Amherst St	CANTON MA Nashua, NH
V	SANDERS, NEAL	5 SHAWMUT ROAD 486 Amherst St	CANTON MA Nashua, NH
V	STERN SR, HOWARD	5 SHAWMUT ROAD 486 Amherst St	CANTON MA Nashua, NH
D	HAFT, JAY M	5 SHAWMUT ROAD 486 Amherst St	CANTON MA Nashua, NH
D	LERNER, MARK J	5 SHAWMUT ROAD 486 Amherst St	CANTON MA Nashua, NH

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	Zip Code
	FL		

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. or 617.0505, F.S.

Signature of Registered Agent: TRACI HOUCK
 REGISTERED AGENT MUST SIGN SPECIAL ASSISTANT SECRETARY
 Date: 7/16/03
 500021714085
 09/23/03--01021--023 **150.00

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: Pat V. Costa
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: 7/17/03
 Daytime Phone #: 603-598-8400

CF12E040 (8/02)