

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

5 SHAWMUT RD
CANTON MA 02021

Mailing Address

5 SHAWMUT RD
CANTON MA 02021

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.

486 Amherst St.

Suite, Apt. #, etc.

486 Amherst St.

City & State

Nashua, NH

City & State

Nashua, NH

Zip

03063

Country

USA

Zip

03063

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2001

5. FEI Number

11-2400145

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
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

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

9. Name and Address of New Registered Agent

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

SIGNATURE REQUIRED
TRACI HOUCK
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date

7/16/03

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:

SIGNATURE REQUIRED
Pat V. Costa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/16/03

603-598-8400

FILED
03 SEP -3 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



S00021714085
07/22/03--01011--002 **750.00

CH2E040 (8/02)