FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

14 DEC 22 PM 12: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000004653

1. Corporation Name

GSI Lumonics Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
125 MIDDLESEX TURNPIKE	125 MIDDLESEX TURNPIKE
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: BEDFORD	City & State: MA
Zip: 01730-1409 County: USA	Zip: 01730-1409 County: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 09/25/1995

5. FEI Number: 36-1859358 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road,

Suite, Apt. #, etc.

City: Plantation State: FL Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Connie Bryan Connie Bryan Date: 12/23/2014

REGISTERED AGENT MUST SIGN.

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Presidet	John Roush	125 Middlesex Turnpike	Bedford, MA 01730-1409
VP	Robert Buckley	125 Middlesex Turnpike	Bedford, MA 01730-1409
Sec.	Peter Chang	125 Middlesex Turnpike	Bedford, MA 01730-1409
Treas.	Timothy Spinella	125 Middlesex Turnpike	Bedford, MA 01730-1409
	REINSTATEMENT		S. HAWKES DEC 23 AM

10. E-mail Address: rbuckley@gsig.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 or 617, F.S. I further certify that the corporation 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., 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.

EXAMINED

SIGNATURE: 12/10/2014 781-266-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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CORPORATION REINSTATEMENT
GSI LUMONICS CORPORATION

Certificate of Status	1
Certified Copy	0
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