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2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F04000005866 1. Entity Name PENTAX OF AMERICA, INC.						FILED 05 OCT 18 PM 2:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 102 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645		Mailing Address 102 CHESTNUT RIDGE ROAD MONTVALE, NJ 07645					
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.					
City & State		4. FEI Number 10122005 REIN-P CR2E098 (6/04) 84-0721450					
Zip		Country		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name Street Address (P.O. Box Number is Not Acceptable) 100061078241 11/01/05--01056--020 **150.00 City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE P NAME TODA, KOICHIRO <input checked="" type="checkbox"/> Delete STREET ADDRESS 102 CHESTNUT RIDGE ROAD CITY-ST-ZIP MONTVALE, NJ 07645	TITLE PD NAME Toda, Koichiro <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 102 Chestnut Ridge Road CITY-ST-ZIP Montvale, NJ 07645		TITLE S NAME MORITA, NAOKI <input checked="" type="checkbox"/> Delete STREET ADDRESS 600 12TH STREET, SUITE 300 CITY-ST-ZIP GOLDEN, CO 80401	TITLE S NAME MORITA, NAOKI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 600 12th Street, Suite 300 CITY-ST-ZIP Golden, CO 80401			
TITLE T NAME JOJIKI, KENGO <input checked="" type="checkbox"/> Delete STREET ADDRESS 102 CHESTNUT RIDGE ROAD CITY-ST-ZIP MONTVALE, NJ 07645	TITLE TD NAME Kengo Jojiki <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 102 Chestnut Ridge Road CITY-ST-ZIP Montvale, NJ 07645		TITLE CD NAME OKAMOTO, IKUZO <input checked="" type="checkbox"/> Delete STREET ADDRESS 2-36-9, MAENO-CHO, ITABASHI-KU CITY-ST-ZIP TOKYO 174-8639, JAPAN,	TITLE D NAME OKamoto, Ikuzo <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2-36-9, MAENO-CHO, ITABASHI-KU CITY-ST-ZIP TOKYO 174-8639, JAPAN			
TITLE D NAME MORI, KATSUO <input type="checkbox"/> Delete STREET ADDRESS 2-36-9, MAENO-CHO, ITABASHI-KU CITY-ST-ZIP TOKYO 174-8639, JAPAN,	TITLE D NAME James Kast <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition STREET ADDRESS 600 12th Street, Suite 300 CITY-ST-ZIP Golden, CO 80401		TITLE D NAME TORIGOE, KUO <input checked="" type="checkbox"/> Delete STREET ADDRESS 2-36-9, MAENO-CHO, ITABASHI-KU CITY-ST-ZIP TOKYO 174-8639, JAPAN,	TITLE D NAME Torigoe, Ko <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS 2-36-9, Maeno-cho, Itabashi-ku CITY-ST-ZIP Tokyo 174-8639, JAPAN			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 201/571-2305 <small>Daytime Phone #</small>				

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11. Addition to List of Directors:

Title: D
Name: David Woods
Street Address: 102 Chestnut Ridge Road
City, ST, ZIP Montvale, NJ 07645