FILED
10 MAR 11 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000005239

1. Corporation Name

KONICA MINOLTA DANKA IMAGING COMPANY

100170224911
02/23/10--01003--017 **750.00

REINSTATEMENT 09-10

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
100 WILLIAMS DRIVE	100 WILLIAMS DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: RAMSEY, NJ	City & State: RAMSEY, NJ
Zip: 07446 Country: USA	Zip: 07446 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: OCT 9, 1996

5. FEI Number: 59-3407614 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.75 Additional Fee required for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

Suite, Apt. #, Etc.

City: TALLAHASSEE State: FL Zip Code: 32301-2525

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

100170224911
03/11/10--01025--020 **158.75

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

X Signature of Registered Agent _____ Date: 02/09/2010

REGISTERED AGENT MUST SIGN DAVID W. NICKERSON, ASST VP

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
PRES	WILLIAM TROXIL	11101 ROOSEVELT BLVD.	ST. PETERSBURG, FL 33716
VP/TRES	TOSHIHIKO TAKAGI	100 WILLIAMS DR.	RAMSEY, NJ 07446
SEC	BRYAN HACK	11101 ROOSEVELT BLVD	ST. PETERSBURG, FL 33716
ASST. TRES	DOUGLAS PRAY	11101 ROOSEVELT BLVD.	ST. PETERSBURG, FL 33716
DIRECTOR	JUN HARAGUCHI	100 WILLIAMS DR.	RAMSEY, NJ 07446
DIRECTOR	IKUO NAKAGAWA	100 WILLIAMS DR.	RAMSEY, NJ 07446

10. E-mail Address: LSAETTLER@KMBS.KONICAMINOLTA.US
(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 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. 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.

SIGNATURE: _____ 2-17-10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/12 gw