

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Hill
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 99 OCT 22 PM 1:12
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # F98000001538

1. Corporation Name
 DELPHAX SYSTEMS INC.

Principal Place of Business Mailing Address
 5 CAMPANELLI CIRCLE 5 CAMPANELLI CIRCLE
 CANTON MA 02021 CANTON MA 02021



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

7/19/99 90008 024 B/50.10

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.		Suite, Apt. #, etc.		03/18/1998	
City & State		City & State		5. FEI Number	
Zip		Country		06-1494337	
				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
D, C	GUPTA, ANSHOO GUPTA, ANSHOO	XEROX CENTRE DRIVE, ESC1-16A	EL SEGUNDO CA
P	PARSONS, ROGER G Buchanan, John	5 CAMPANELLI CIRCLE 5060 Tomken Ad	CANTON MA Mississauga, Ontario L4W3V9
T	HULTSTROM, DENNIS E	5 CAMPANELLI CIRCLE	CANTON MA
S	WAGNER, MARTIN W	800 LONG RIDGE ROAD	STAMFORD CT
S	LARSON, ROY B	800 LONG RIDGE ROAD	STAMFORD CT
✓	Mandorf, Gary	101 Continental Blvd	EL Segundo CA

8. Name and Address of Current Registered Agent		9. 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)	
		Suite, Apt. #, Etc.	
		City	State 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.
 Signature of Registered Agent: Victoria Schuber, Asst. V.P. Date: 10/21/99
 REGISTERED AGENT MUST SIGN

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 **KE** 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: Martin S. Wagner
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 MARTIN S. WAGNER, SECRETARY
 300003022743--0
 Date: 10/19/99 (203) 968-3457
 Daytime Phone #



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ACCOUNT NO. : 072100000032
 REFERENCE : 424917 4320146
 AUTHORIZATION : *Patricia Pizutto*
 COST LIMIT : \$ 400

ORDER DATE : October 21, 1999
 ORDER TIME : 11:08 AM
 ORDER NO. : 424917-005
 CUSTOMER NO: 4320146
 CUSTOMER: Barbara K. Fowler, Legal Asst
 XEROX CORPORATION
 XEROX CORPORATION
 800 Long Ridge Road
 Stamford, CT 06902

DOMESTIC FILING

NAME: DELPHAX SYSTEMS INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
 XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Tamara Odom

EXAMINER'S INITIALS: _____

STACEY: THIS IS THE ONE WE SPOKE ABOUT. OUR CLIENT HAS
 ALREADY PAID \$150 TOWARDS THIS REINSTATEMENT. PLEASE CALL
 CHRISTINE - EXT. 1109, OR TAMARA - EXT. 1104 IF YOU HAVE
 ANY QUESTIONS.

RECEIVED
 99 OCT 22 PM 12:12
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA
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