

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 27 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F98000006461**

1. Corporation Name
AGFA CORPORATION

Principal Place of Business Mailing Address
100 CHALLENGER RD. RIDGEFIELD PARK NJ 07660



REINSTATEMENT 02-03

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11/25/1998	
City & State		City & State		5. FEI Number	
Zip		Zip		22-3615964	
Country		Country		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)			
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
VTD	VANGERVEN, LUC	100 CHALLENGER RD.	RIDGEFIELD PARK NJ 07660
VSD	SALEK, FREDERICK J	100 CHALLENGER RD.	RIDGEFIELD PARK NJ 07660
T	MELILLO, RAYMOND	200 BALLARDVALE STREET	WILMINGTON MA 01887
PRES	DANY CLAEYS	100 CHALLENGER RAOD	RIDGEFIELD PARK, NJ 07660
SEC	ROBERT SARAFIAN	200BALLARDVALE	WILMINGTON, MA 01870
TREAS	JOHN ENGEMAN	100 CHALLENGER ROAD	RIDGEFIELD PARK, NJ 07660

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 Brenda Jones for C T Corporation Inc **SIGNATURE REQUIRED** Date 12/23/02
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 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)(l), 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 John Engeman **SIGNATURE REQUIRED** Date 11/19/02 Daytime Phone # 201-373-4862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER

CR2E040 (8/02)