

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

04 FEB -3 AM 10: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800023614778
10/07/03--01050--021 **750.00

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P24083**

1. Corporation Name
Konica Photo Imaging, Inc.

2. Principal Office Address 725 Darlington Avenue		3. Mailing Office Address 2000 Market Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. .10th Floor	
City & State Mahwah, NJ 07430		City & State Philadelphia, PA	
Zip 07430	Country USA	Zip 19103	Country USA

4. Date Incorporated or Qualified To Do Business in Florida **4/26/89**

5. FEI Number **23-1492451**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

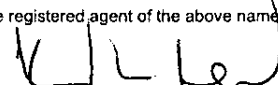
Name **Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street**

Suite, Apt. #, Etc.

City **Tallahassee** State **FL** Zip Code **32301**

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.

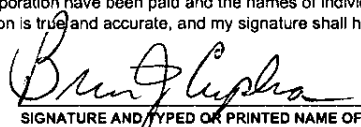
Signature of Registered Agent  Date **1/23/04**

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
	See Attached		

10. 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)(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:  **Brian J. Cupka, Secretary** Date **1/28/04** Daytime Phone # **201-236-3704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

P24083

KONICA PHOTO IMAGING, INC.

Officers/Board of Directors

(As of 10/1/03)

Mailing Address: 725 Darlington Ave., Mahwah, NJ 07430

OFFICERS

President.....Hideki Okamura

Executive Vice President

Camera Division.....Yoshinobu Ito

Executive Vice President

Photo Imaging Division.....Robert E. Striano

Vice President

Camera Sales.....Richard L. Toger

Vice PresidentNoboru Koyama

Vice PresidentShozo Atobe

Treasurer.....David Hakula

Secretary.....Brian J. Cupka

DIRECTORS

Hideki Okamura

Robert E. Striano

Yoshinobu Ito

Richard L. Toger

Noboru Koyama

Shozo Atobe