


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAY - 1 PM 12: 37

DOCUMENT # F03000000960

1. Corporation Name

Southern Color N.A., Inc.

2. Principal Office Address - No P.O. Box #

333 Cypress Road

Suite, Apt. #, etc.

3. Mailing Office Address

100 Overlook Center

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Princeton, New Jersey

Zip

34478

Country

USA

Zip

08540

Country

USA

7. Name and Address of Current Registered Agent

Name

C T Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

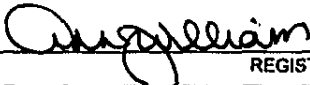
FL

Zip Code

33324

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



ANN J. WILLIAMS
Assistant Vice President

REGISTERED AGENT MUST SIGN

Date

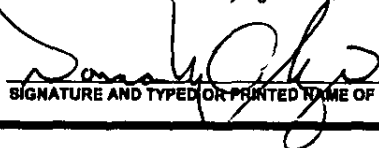
April 29, 2009

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
D/P	Andrew M. Ross	7101 Muirkirk Road	Beltsville, MD 20705
D/VP	David G. Cohen	7101 Muirkirk Road	Beltsville, MD 20705
D/CFO	Robert J. Zatta	100 Overlook Center	Princeton, NJ 08450
D/VP/S	Thomas J. Riordan	100 Overlook Center	Princeton, NJ 08540
	See attached sheet for remaining officers		

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 contained in Chapter 119, 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:



Donna M. Abrunzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29, 2009

Date

609-514-0300

Daytime Phone #

300155136713
05/01/09--01060--008 **1508.75
REINSTATEMENT (78) 04-09KS

4. Date Incorporated or Qualified To Do Business in Florida 2/25/2003

5. FEI Number
36-4521192

Applied For
Not Applicable

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

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.

Additional Officers of Southern Color N.A., Inc.:

Global Corporate Controller	Kevin Hough	7101 Muirkirk Road, Beltsville, MD 20705
Vice President, Tax	Simon Jones	100 Overlook Center, Princeton, NJ 08540
Corporate Controller	James T. Sullivan	100 Overlook Center, Princeton, NJ 08540
Assistant Secretary	Michael W. Valente	100 Overlook Center, Princeton, NJ 08540
Assistant Secretary	Donna M. Abrunzo	100 Overlook Center, Princeton, NJ 08540