

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

98 NOV 25 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000002352

1. Corporation Name

FUJINON INC.

Principal Place of Business

10 HIGH POINT DRIVE  
WAYNE NJ 07470-7434

Mailing Address

10 HIGH POINT DRIVE  
WAYNE NJ 07470-7434

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country



REINSTATEMENT

98

4. Date Incorporated or Qualified  
To Do Business in Florida

05/15/1995

5. FEI Number

13-2648718

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
P	TAKADA, SHOICHI	10 HIGH POINT DR.	WAYNE NJ 07470
<del>JVP</del>	<del>TODE, SHIGEHIDE</del>	<del>10 HIGH POINT DR.</del>	<del>WAYNE NJ</del>
S	MURASE, JIRO	HAVEMEYER ROAD	ARDSLEY-ON-HUDSON NY 10503
T	<del>TAKADA, SHOICHI</del> TAKADA, SHOICHI	10 HIGH POINT DRIVE	WAYNE NJ 07470
			300002704113--3 -12/04/98--01116--017 ****758.75 ****758.75

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

*Skipper*  
Sandra B. Mortham, as agent

REGISTERED AGENT MUST SIGN

Date 11-17-98

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See instructions for information  
on intangible tax.)

12. 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:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NOV 17 1998

Date

973-633-5600

Daytime Phone #

CR2E040 (8/98)