

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine H. ...
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

5 CAMPANELLI CIRCLE
CANTON MA 02021

Mailing Address

5 CAMPANELLI CIRCLE
CANTON MA 02021

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

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1998

5. FEI Number

06-1494337

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	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
V	Mandorf, Gary	101 Continental Blvd	EL Segundo CA

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Vickie Schaefer, Asst. V.P.

REGISTERED AGENT MUST SIGN

Date 10/21/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MARTIN S. WAGNER, SECRETARY

300003022743--0

10/19/99 (203) 968-3457

Date

Daytime Phone #



2

ACCOUNT NO. : 072100000032

REFERENCE : 424917 4320146

AUTHORIZATION :

Patricia Pizeto

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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