

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850) 521-1000
Fax Number : (850) 558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**CORPORATION REINSTATEMENT
FUJIFILM MEDICAL SYSTEMS U.S.A., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,500.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00373

1. Corporation Name

FUJIFILM Medical Systems U.S.A., Inc.

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

419 West Avenue

Suite, Apt. #, etc.

City & State

Stamford, CT

Zip

06902

Country

United States

3. Mailing Office Address

200 Summit Lake Drive

Suite, Apt. # etc.

Attn: Shigeru Sano

City & State

Valhalla, NY

Zip

10595

Country

United States

4. Date Incorporated or Qualified
To Do Business in Florida

10/28/1963

5. FEI Number

13-2531985

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

06-11

WSP
12/30

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

Becky Peirce

Becky Peirce

Assistant Vice President

Date 12/30/2011

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
P	Naohiro Fujitani	419 West Avenue	Stamford, CT 06902
S	Shigeru Sano	200 Summit Lake Drive	Valhalla, New York 10595-1353
T	Yujiro Nagasawa	419 West Avenue	Stamford, CT 06902
D	Ryutaro Hosoda	200 Summit Lake Drive	Valhalla, New York 10595-1353
D	Naohiro Fujitani	419 West Avenue	Stamford, CT 06902
D	Koichi Tamai	7-3Akasaka 9-chome, Minato-ku	Tokyo, Japan 107-0052

10. E-mail Address: bkastle@fujifilm.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Shigeru Sano

Shigeru Sano, Secretary 12/22/2011

914-789-8767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #