Florida Department of State

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

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CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS			11 DEC 30 PH 1: 43 FALLAHASSEE, FLORIDA							
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FUJIFI	LM Medi	ical Sy	ystems U.S.A	l., Inc.					RE	IN	ISTATE	ΞM	ENT
				3. Mailing O			ive		Ω	-1	1		
Suite, Apt. #, etc.				Suite, Apt. # etc. Attn: Shigeru Sano		4. Date incor							
Chy & State Stamfo	ord, CT			City & State Valhalla, NY			5. FEI Numb	ær.	in Florida 10/28/19	63	Applied For		
zip 06902	Country Zip 2 United States 105		^{2ip} 10595	-		ry ted States	S	6.	6. CEPTIFICATE DE STATUS DESIRENT 58.76 a		Addition	onal Fee required	
Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, Etc. City State Zip Code						ke				J	19072D		
Signature o Registered	g appointed the of Agent _ /	beek	y Pei	nce ,	P Assist a	Becky ant V	y Peirce i ce Pres i	ident	l —-		7.0505 or 617.0503, F.S. Date12/30/2		
7. Names	and Sweet Ad		Name of	for Director (Flor	sctor (Florida nonprofit corporations must list at lease					City / State	/Zip		
Р	Naohiro Fujitani			Officer end/or Director 419 West Avenue			Stamford, CT 06902						
S	Shigeru Sano				200 Summit Lake Drive		·	Valhalla, New York 10595-1353			95-1353		
Т	Yujiro Nagasawa				419 West Avenue		Stamford, CT 06902						
D	Ryutaro Hosoda				200 Summit Lake Drive		Valhalla, New York 10595-1353			95-1353			
D	Naohiro Fujitani			419 West Avenue			Stamford, CT 06902						
				7-3Ak	-3Akasaka 9-chome,Minato-ku			ıato-ku	Tokyo, Japan 107-0052				
11. I certify reinstate owed by	that I am an off ement application the corporation under oath, I am	fficer or di ion, the re on have be	eason for dissolution oon paid. I further ce	ver or trustae em n has been elimin entity, the information submitted in a	mpowered to inated, the c nution indica a document	o execut corporate ted on to to the D Shig	e name satisfie this application Department of S ceru Sano	tion as p es the re is true a State co ,Score	provided for in chaquirements of si and accurate, ar institutes a third retary 12/2	action (nd my s degree	67 or 617, F.S. I further certify 607,0401 or 617,0401, F.S signature shall have the as eletony as provided for in: 011 914-	S., and the	at all fees l effect as 5, F.S.