

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB -3 AM 10: 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P24083**

**1. Corporation Name**

Konica Photo Imaging, Inc.

**2. Principal Office Address**

725 Darlington Avenue

Suite, Apt. #, etc.

City & State

Mahwah, NJ 07430

Zip

07430

Country

USA

**3. Mailing Office Address**

2000 Market Street

Suite, Apt. #, etc.

10th Floor

City & State

Philadelphia, PA

Zip

19103

Country

USA

**4. Date Incorporated or Qualified  
To Do Business in Florida**

4/26/89

**5. FEI Number**

23-1492451

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**800023614778**  
10/07/03--01050--021 \*\*750.00

**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

**800023614778**  
02/04/04--01006--004 \*\*150.00

**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

Date

1/23/04

REGISTERED AGENT MUST SIGN

**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
	See Attached		

**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 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:

Brian J. Cupka, Secretary

1/28/04

Date

201-236-3704

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)

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**KONICA PHOTO IMAGING, INC.**

**Officers/Board of Directors**

**(As of 10/1/03)**

**Mailing Address: 725 Darlington Ave., Mahwah, NJ 07430**

**OFFICERS**

President.....Hideki Okamura

Executive Vice President

Camera Division.....Yoshinobu Ito

Executive Vice President

Photo Imaging Division.....Robert E. Striano

Vice President

Camera Sales.....Richard L. Toger

Vice President .....Noboru Koyama

Vice President .....Shozo Atobe

Treasurer.....David Hakula

Secretary.....Brian J. Cupka

**DIRECTORS**

Hideki Okamura

Robert E. Striano

Yoshinobu Ito

Richard L. Toger

Noboru Koyama

Shozo Atobe