

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION..
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILE NO

15 APR 17 AM 9:04

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APR 17 2015
FBI/DOJ

DOCUMENT # P95000045011

1. Corporation Name

Virtual Imaging Inc

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

5600 Broken Sound Blvd

Suite, Apt. #, etc.

2nd Floor

City & State

Boca Raton, FL

Zip

33487

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Same

City & State

Same

Zip

Same

Country

Same

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

06/12/1995

5. FEI Number

65-0594469

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

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

300271910863
04/17/15--01018--025 **\$900.00

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

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
C	Adachi Yoroku	One Canon Plaza	Lake Success, NY 11042
VC	Imai, Tsuneo	One Canon Plaza	Lake Success, NY 11042
T	Tedo, Kunihiro	One Canon Plaza	Lake Success, NY 11042
	REINSTATEMENT		APR 17 2015
	R. HUNT		

10. E-mail Address:

(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:

Imai Tsuneo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/2015 561-893-8404
Date Daytime Phone #