PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 OCT 18 AM 8:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200213415892
10/18/11--01029--001 **750.00

CR2E081 (11/10)

DOCUMENT # P96000090 20

1. Corporation Name

CANON LATIN AMERICA INC.

2. Principal Office Address - No P O. Box #	3. Mailing Office Address
703 Waterford Way	— SAME —
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 400	— " " —
City & State	City & State
Miami FL	— " " —
Zip / Country	Zip / Country
33126 US	

4. Date Incorporated or Qualified To Do Business in Florida 1/29/1996

5. FEI Number 13-3871205 ☐ 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

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: Maria Long Date: Maria Long Assistant Secretary 10/11/2011

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
PMS	TARO MARUYAMA	703 Waterford Way ste 400	Miami, FL 33126
TS	Seymour Liebman	ONE CANON Plaza	Lake Success, NY 11042
C	YOROKU ADACHI	ONE CANON Plaza	Lake Success, NY 11042

10. E-mail Address: EDAMICO@CUSA.CANON.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: _____ 10/12/11 (516) 328-5262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #