## 0/-03 PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F950000   824		
Imaje Ink Jet Printing Corporation		500023964015 10/21/0301036004 **300.00
2. Principal Office Address  1650 Airport Rd.  Suite, Apt. #, etc.	3. Mailing Office Address  1650 Airport Rd  Suite, Apt. #, etc.	INSTATEMENT 01-03
City & State  Kennesaw-1-6-A	City & State -Kennesaw, 6-A	4. Date Incorporated or Qualified To Do Business in Florida         CB 0 Z / 1995           5. FEI Number         Applied For
21p Country 30144 Co66	Zip Country C666	6. CERTIFICATE OF STATUS DESIRED 58.75 Additional George field for a Confidence of Status
Name The Premice - Hall (ov para Thin) Street Address (P.O. Box Number is Not Acceptable)  1201 Hays St.  Suite, Apt. #, Etc.  City Tallahassee  8. 1, 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.		
Registered Agent Date 4-23-03  REGISTERED AGENT MUST SIGN Representative.  9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)		
Titles Officers and/or Directors	Street Address of Each Officer and/or Director	City I State I Tim
Director Omar Kerbage Director Christian Lefer	9 Rue Gaspord Monge 9 Rue Gaspord Mon	26500 Bourg Les Valence, FRA
President Jaiques Descool	4	Kennesan, 6A 30144
CFO Steve Wakefo.	-d 1650 Airport Rd.	Kennesaw, 6A 30144
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:  SIGNATURE AND TYPED OR FINTED NAMEOF SIGNING OFFICER OR DIRECTOR  Data Data Data Data Data Data Data Dat		