


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
 10 MAR 11 AM 9:30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005239
 1. Corporation Name
 KONICA MINOLTA DANKA IMAGING COMPANY

| | | | |
|---|----------------|---|----------------|
| 2. Principal Office Address - No P.O. Box # 100 WILLIAMS DRIVE | | 3. Mailing Office Address 100 WILLIAMS DRIVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State RAMSEY, NJ | | City & State RAMSEY, NJ | |
| Zip 07446 | Country USA | Zip 07446 | Country USA |

100170224911
 02/23/10--01003--017 **750.00

REINSTATEMENT 09-10

4. Date Incorporated or Qualified To Do Business in Florida **OCT 9, 1996**

5. FEI Number 59-3407614 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

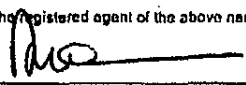
State
 FL

Zip Code
 32301-2525

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

100170224911
 03/11/10--01025--020 **158.75

B. 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: 02/09/2010


REGISTERED AGENT MUST SIGN **DAVID W. NICKENSEN, ASST VA**

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 |
|------------|-----------------------------------|--|--------------------------|
| PRES | WILLIAM TROXIL | 11101 ROOSEVELT BLVD. | ST. PETERSBURG, FL 33716 |
| VP/TRES | TOSHIHIKO TAKAGI | 100 WILLIAMS DR. | RAMSEY, NJ 07446 |
| SEC | BRYAN HACK | 11101 ROOSEVELT BLVD | ST. PETERSBURG, FL 33716 |
| ASST. TRES | DOUGLAS PRAY | 11101 ROOSEVELT BLVD. | ST. PETERSBURG, FL 33716 |
| DIRECTOR | JUN HARAGUCHI | 100 WILLIAMS DR. | RAMSEY, NJ 07446 |
| DIRECTOR | IKUO NAKAGAWA | 100 WILLIAMS DR. | RAMSEY, NJ 07446 |

10. E-mail Address: LSAETTLER@KMBS.KONICAMINOLTA.US
 (To be used for future annual report notifications)

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., 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.

SIGNATURE:  Date: 2-17-10 Day/Time Phone #

3/12a