


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1992

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

DOCUMENT # F98000004319

00 NOV -9 PM 5: 51

1. Corporation Name

DAI NIPPON IMS (AMERICA) CORP.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 4524 ENTERPRISE DRIVE NW CONCORD NC 28027	Mailing Address 4524 ENTERPRISE DRIVE NW CONCORD NC 28027
---	---



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 07/29/1998
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number 62-1575799
City & State	City & State	Applied For Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
POD	HAYASHI, NORIMASA	4524 ENTERPRISE DRIVE NW	CONCORD NC
YSPD	KOIKE, MASATO	4524 ENTERPRISE DRIVE NW	CONCORD NC
D	YAMAJI, YASUO Sato, Masakazu	4524 ENTERPRISE DRIVE NW	CONCORD NC 28027
D	SUZUKI, MINORU	4524 ENTERPRISE DRIVE NW	CONCORD NC 28027
T/VP	MIWA, TSUNEAKI	4524 ENTERPRISE DRIVE NW	CONCORD NC
D	ISSHIKI, MAKOTO	4524 ENTERPRISE DRIVE NW	CONCORD NC

8. Name and Address of Current Registered Agent C-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code
---	---

10. I, being appointed the register agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

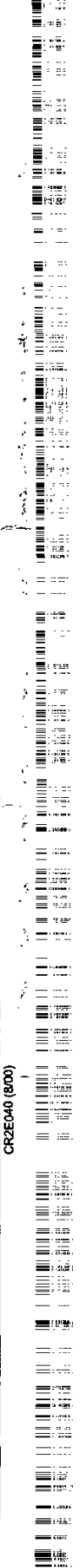
Signature of Registered Agent: Barbara A. Burke **BARBARA A. BURKE** SPECIAL ASSISTANT SECRETARY Date: 11-6-00

REGISTERED AGENT MUST SIGN

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 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] **REQUIRE** Date: 11/02/00 Daytime Phone #: 704-784-8100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DNP

Dai Nippon IMS (America) Corp.

(The Dai Nippon Printing Group)

4524 Enterprise Drive N.W.
Concord, NC 28027 U.S.A.

Tel: (704) 784-8100
Fax: (704) 784-7190

292

October 26, 2000

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

I have received the dissolution notice regarding Dai Nippon IMS (America) Corp.'s authorization to conduct business in the state of Florida. Unfortunately, this is the first notice regarding this fee and the required paperwork that my company has received.

Therefore, I have enclosed the original fee of \$150 and ask that the reinstatement fee be waived.

If further information or details are required, please advise me as soon as possible. I can be contacted by phone at 704/784-7122, by fax at 704/784-7195 or by email at Kent-T@mail.dnp.co.jp.

Thank you very much for your assistance.

Sincerely,



Tina Kent
HR Administrator