PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
14 JUL 11 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000007137

1. Corporation Name

Premier Agendas, Inc.

000268180820

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
400 Sequoia Drive, Suite 200		400 Sequoia Drive, Suite 200	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 200		Suite 200	
City & State		City & State	
Bellingham, WA		Bellingham, WA	
Zip	Country	Zip	Country
98226	USA	98226	USA

4. Date Incorporated or Qualified To Do Business in Florida
12/31/1998

5. FEI Number
330481380

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	State	Zip Code
TALLAHASSEE	FL	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 Connie Wood Asst Secretary — Date 7-11-14
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
P/D	Joseph M. Yorio	400 Sequoia Drive, Suite 200	Bellingham, WA, 98226
S	Joseph F. Franzoi	400 Sequoia Drive, Suite 200	Bellingham, WA, 98226
T/V	Kevin Baehler	400 Sequoia Drive, Suite 200	Bellingham, WA, 98226
	REINSTATEMENT		S. HAWKES
	2003-14		JUL 11
			EXAMINER

10. E-mail Address: donna.bright@schoolspecialty.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: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 7/11/14 — 920-882-5882 Daytime Phone #