

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 DEC 17 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000015849

1. Limited Liability Company's Name
ACCO BOARD, LLC

2. Principal Office Address
1616 S 14TH STREET

Suite, Apt. #, etc.

City & State
LEESBURG, FL

Zip
34748

Country

3. Mailing Office Address
POST OFFICE BOX 490180

Suite, Apt. #, etc.

City & State
LEESBURG, FL

Zip
34748

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number
59-3689144

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$6.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JONES, GARY L

Street Address (P.O. Box Number is Not Acceptable)

1616 S 14TH STREET

Suite, Apt. #, Etc.

City

LEESBURG

State

FL

Zip Code

34748

500004739615--0

-12/26/01-01069-029

****150.00 ****150.00

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent *Gary Jones*

REGISTERED AGENT MUST SIGN

Date 11-15-2001

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	F. BROWNE-GREGG	1616 S 14TH STREET	LEESBURG, FL 34748

REINSTATEMENT

dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager *F. Browne-Gregg*

Date 11/5/01

Daytime Phone # 352-365-6522

Typed or printed name of signing Managing Member/Manager