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**LIMITED LIABILITY REINSTATEMENT
AVOCENT HUNTSVILLE, LLC**

Certificate of Status	0
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OCT 5 2017
R. HUNT
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ALBANY, FLORIDA

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>M16000008920</u>			
1. Limited Liability Company's Name Avocent Huntsville, LLC			
2. Principal Office Address - No P.O. Box # 1050 Dearborn Drive Suite, Apt. #, etc. City & State Columbus, OH Zip 43085 Country USA		3. Mailing Office Address 360 North Crescent Drive Suite, Apt. #, etc. South Building City & State Beverly Hills, CA Zip 90210 Country USA	
4. State/Country of Formation AL		5. Date Organized or Qualified To Do Business in Florida 11/07/2016	
6. FEI Number 63-0801728		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u>Marc St. Pierre - VP & Asst Secretary</u> Date <u>10/04/2017</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
	[Please see attached.]		
			OCT 5 2017
			R. HUNT
11. E-mail Address: <u>csaucedo@platinumequity.com</u> (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the recorder or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager <u>Barbara Velasco</u> Date <u>10/3/17</u> Daytime Phone # _____ Typed or printed name of signing Authorized Representative/Manager: <u>Barbara Velasco, Assistant Secretary</u>			

Avocent Huntsville, LLC - Directors and Officers

Appointed Entity	Appointment Type	Address
Patrick Quirk	President	1050 Dearborn Drive, Columbus, OH, 43085
Collin Flannery	Vice President	1050 Dearborn Drive, Columbus, OH, 43085
Eva M. Kalawski	Manager, Vice President and Secretary	360 North Crescent Drive, South Building, Beverly Hills, CA 90210
Mary Ann Sigler	Vice President and Treasurer	360 North Crescent Drive, South Building, Beverly Hills, CA 90210
Stephen Zollo	Vice President	360 North Crescent Drive, South Building, Beverly Hills, CA 90210
Barbara Velasco	Assistant Secretary	360 North Crescent Drive, South Building, Beverly Hills, CA 90210
Shahram Haghighi	Assistant Secretary	360 North Crescent Drive, South Building, Beverly Hills, CA 90210
Dawn Walloch	Assistant Treasurer	360 North Crescent Drive, South Building, Beverly Hills, CA 90210
John Byrnes	Assistant Treasurer	360 North Crescent Drive, South Building, Beverly Hills, CA 90210
Lynne Maxciner	Assistant Treasurer	360 North Crescent Drive, South Building, Beverly Hills, CA 90210

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