PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 JUN 20 AM 8:43

REINSTATEMENT 60-0

DOCUMENT # P27512

1. Corporation Name

VIKING OFFICE PRODUCTS, Inc

2. Principal Office Address	**3.** Mailing Office Address
2925 W. Corporate Lakes Blvd	950 W. 190TH Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Weston, FLORIDA	City & State: Torrance, CALIF
Zip: 33331 Country: USA	Zip: 90502 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 12/29/89

5. FEI Number: 95-2082946 ☐ 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

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: BRIAN COURTNEY, ASST. V.P. Date: 6-20-01
REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
D	IRWIN HELFORD	950 W. 190TH Street	Torrance, CA 90502
D,P	Bruce Nelson	2200 Old Germantown Road	Delray Beach, FL 33445
D,S	David Fannen	2200 Old Germantown Road	Delray Beach, FL 33445
T	CAROLYN CLARKE	2200 Old Germantown Road	Delray Beach, FL 33445
Controller	RANDALL VIDA	950 West 190TH Street	Torrance, CA 90502
			700004432567

10. 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: Randall Vida Controller 19-June-01 310-225-4262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ACCOUNT NO. : 072100000032

REFERENCE : 192357 4709910

AUTHORIZATION : Patricia Piggits

COST LIMIT : $ 908.75

ORDER DATE : June 19, 2001

ORDER TIME : 10:22 AM

ORDER NO. : 192357-020

CUSTOMER NO: 4709910

CUSTOMER: Ms. Joy Belnavis
Office Depot, Inc.
2200 Old Germantown Road

Delray Beach, FL 33445

RECEIVED
01 JUN 20 AM 11:32
DIVISION OF CORPORATION

DOMESTIC FILINGS

NAME: VIKING OFFICE PRODUCTS, INC.

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
XX_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS _____