

**M06000000956**

Florida Department of State  
Division of Corporations  
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**\*RE-SUBMIT\***

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To: Division of Corporations  
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Account Number : FCA000000023  
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**LIMITED LIABILITY REINSTATEMENT  
VAREL GP NEWCO, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$238.75

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DIVISION OF CORPORATIONS  
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October 5, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

VAREL GP NEWCO, LLC  
1625 W CROSBY #124  
CARROLLTON, TX 75007

SUBJECT: VAREL GP NEWCO, LLC  
REF: M06000000956

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed on the report form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan  
Regulatory Specialist II

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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**LIMITED LIABILITY COMPANY REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** M06000000956

1. Limited Liability Company's Name  
**Varel GP Newco, LLC**

CR2E041 (08/10)

2. Principal Office Address - No P.O. Box # <b>1625 W Crosby</b>		3. Mailing Office Address <b>1625 W Crosby</b>	
Suite, Apt. #, etc. <b>124</b>		Suite, Apt. #, etc. <b>124</b>	
City & State <b>Carrollton, TX</b>		City & State <b>Carrollton, TX</b>	
Zip <b>75006</b>	Country <b>USA</b>	Zip <b>75006</b>	Country <b>USA</b>

4. State/Country of Formation  
**Delaware**

5. Date Organized or Qualified To Do Business in Florida: **2/20/2006**

6. FEI Number: **202761101** Applied For:  Not Applicable:

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name: **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable):  
**1200 South Pine Island Rd**

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 608, F.S.

Signature of Registered Agent: *Yvette M. Conroy* Date: **October 4, 2010**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<b>MGRM</b>	<b>Varel Holdings, LLC</b>	<b>1625 W Crosby, Ste 124</b>	<b>Carrollton, TX 75006</b>

**REINSTATEMENT**

11. E-mail Address: **JVIRAL@VARELINTL.COM** (To be used for future annual report notifications)

12. 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: *John Capasso* Date: **9/30/10** Daytime Phone #: **972.242.1160**

Typed or printed name of signing Managing Member/Manager: **John Capasso**