FILED
07 OCT 31 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000111543090

CR2E041 (1/07)

DOCUMENT # M06000000956

1. Limited Liability Company's Name:

Varel GP Newco, LLC

07

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1434 Patton Place	1434 Patton Place
Suite, Apt. #, etc. Suite 106	Suite, Apt. #, etc. Suite 106
City & State Carrollton, TX	City & State Carrollton, TX
Zip 75007 Country USA	Zip 75007 Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 2/20/06

6. FEI Number: 20-2761101 (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 Road

Suite, Apt. #, Etc:

City: Plantation State: FL Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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: Hiedi M Liesch — Hiedi Liesch Assistant Secretary — Date: 10-30-07
REGISTERED AGENT MUST SIGN

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
	Varel Holdings, Inc.	1434 Patton Place	Carrollton, TX 75007

REINSTATEMENT 2007

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 608.408, 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: [signature] Date: 10/29/07 Daytime Phone #: (972) 242-1160

Typed or printed name of signing Managing Member/Manager: By: F. Michael Plisch, Vice President and Chief Financial Officer of Varel Holdings, Inc., the General Partner

CSC

CORPORATION SERVICE COMPANY

M06000000956

ACCOUNT NO. : 072100000032

REFERENCE : 296530 5060601

AUTHORIZATION :

COST LIMIT : $ 155.00

ORDER DATE : October 30, 2007

ORDER TIME : 10:05 AM

ORDER NO. : 296530-015

CUSTOMER NO: 5060601

FILED
07 OCT 31 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

RECEIVED
07 OCT 31 AM 10:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

NAME: VAREL GP NEWCO, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Kathy Drake

EXAMINER'S INITIALS _____