PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 MAR 14 PM 4:46

TALL... ...RIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F99000003781

REINSTATEMENT 02-06

1. Corporation Name

Technip USA CORPORATION

2. Principal Office Address	3. Mailing Office Address
11700 Old Katy Rd	11700 old Katy Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 150	~~150~~ Suite 150
City & State	City & State
Houston TX	Houston, TX
Zip / Country	Zip / Country
77079 / USA	77079 / USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida: 1-15-1974

5. FEI Number: 952866553 ☐ 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: CT CORPORATION

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

700069050317
03/30/06--01038--012 **1350.00

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Victor Alfano Assistant Secretary — Date: 2/28/06

REGISTERED AGENT MUST SIGN

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
P/D	Lawerence D.J. Pope	11700 Old Katy Road Suite 150	Houston, Tx 77079
S/T/D	Georges Lezaun	11700 old Katy Road Suite 150	Houston, TX 77079
D	Daniel Buelin	11700 OLD KATY ROAD Suite 150	Houston, TX 77079
D	Jean Desceilligny	11700 old Katy Road Suite 150	Houston, TX 77079
Asst sec.	Malachy W. Finnen	11700 Old Katy Road Suite 150	Houston, TX 77079

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 contained in Chapter 119, 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: Malachy W. Finnen 2-28-06 281-249-2635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #