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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M05000006133

1. Limited Liability Company's Name
EXOPACK HOLDINGS, LLC

APR 25 2016
L BERGER

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5200 TOWN CENTER CIRCLE	5200 TOWN CENTER CIRCLE
Suite, Apt. #, etc SUITE 600	Suite, Apt. #, etc. SUITE 600
City & State BOCA RATON, FL	City & State BOCA RATON, FL
Zip / Country 33486 / USA	Zip / Country 33486 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida 11/01/2005

6. FEI Number ☐ 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
C T CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable) Suite
1200 SOUTH PINE ISLAND ROAD

Apt. #, Etc.

City	State	Zip Code
PLANTATION	FL	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 [signature] Angel Nunez Assistant Secretary
REGISTERED AGENT MUST SIGN

Date 4/25/16

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
MGRM	SUN CAPITAL PARTNERS III, LP	5200 TOWN CENTER CIRCLE # 600	BOCA RATON, FL 33486
MGRM	SUN CAPITAL PARTNERS III QP, LP	5200 TOWN CENTER CIRCLE # 600	BOCA RATON, FL 33486

11. E-mail Address dtillstrom@suncappart.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member [signature] Date 25 APR 2016 Daytime Phone # 561-948-7528

Typed or printed name of signing authorized representative/member Michael McConvery

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT
EXOPACK HOLDINGS, LLC

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