

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	
DOCUMENT # M06000000956 1. Limited Liability Company's Name Varel GP Newco, LLC			
2. Principal Office Address - No P.O. Box # 1434 Patton Place		3. Mailing Office Address 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 ☒ \$500 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 further authorized and accept the obligations of Chapter 608, F.S. Signature of Registered Agent: <u>Hiedi Liesch</u> 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 Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
	Varel Holdings, Inc.	1434 Patton Place	Carrollton, TX 75007
11. I, certify that I am managing member/manager of this 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: <u>RM</u>		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			

BK

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REINSTATEMENT

2007



CORPORATION SERVICE COMPANY

M 06000000956

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NK

REINSTATEMENT

NAME: VAREL GP NEWCO, LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

NK