
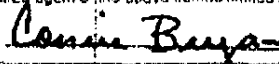
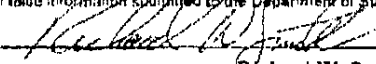


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2016 AUG 11 PM 12 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M10000005360 1. Limited Liability Company's Name OEP Parent LLC			
2. Principal Office Address - No P.O. Box # 270 Park Avenue Suite, Apt. #, etc.		3. Mailing Office Address 270 Park Avenue Suite, Apt. #, etc.	
City & State New York, NY		City & State New York, NY	
Zip 10017	Country USA	Zip 10017	Country USA
4. State/Country of Formation Delaware		5. Date Organized or Qualified To Do Business in Florida 9/1/210	
6. FEI Number 27-3449378		Applied For Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$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) 1200 SOUTH PINE ISLAND ROAD			
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 605, F.S.			
Signature of Registered Agent 		Date 08/11/2016	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Richard W. Smith	270 Park Avenue, Floor 47	New York, NY, 10017
MGR	Ana Capella Gomez-Acebo	270 Park Avenue, Floor 10	New York, NY, 10017
MGR	Kathryn L. Bryan	270 Park Avenue, Floor 10	New York, NY, 10017
MGR	Marie A. Nourie	270 Park Avenue, Floor 46	New York, NY, 10017
MGR	Paul C. Hennessy	383 Madison Avenue, Floor 23	New York, NY, 10179
See attached document REINSTATEMENT			
11. E-mail Address: <u>marcela.castro@jpmchase.com</u>			
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 requirements of section 805.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.			
Signature of Authorized Representative/Manager 		Date <u>August 8, 2016</u> Daytime Phone # <u>212-270-7400</u>	
Typed or printed name of signing Authorized Representative/Manager <u>Richard W. Smith</u>			

8/11/2016 11:57:47 AM From: To: 8506176384(1/2)

Florida Department of State
Division of Corporations
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From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

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**LIMITED LIABILITY REINSTATEMENT
OEP PARENT LLC**

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Page Count	02
Estimated Charge	\$932.50

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R. HUNT