PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED
00 DEC 20 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2000

DOCUMENT # M99000002099

1. Limited Liability Company's Name

SKW Textwrant Systems Manufacturing, LLC

2. Principal Office Address	**3.** Mailing Office Address
3582 McCall PLACE NE	2021 CABOT BLVD W.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Atlanta, GA	City & State: LANGHORNE, PA
Zip: 30340 Country: USA	Zip: 19047 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 12/3/99

6. FEI Number: 23-3022085 ☐ 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

600003856426--0
-03/16/01--01091--024
****150.00 ****150.00

Name: CT CORPORATION

Street Address (P.O. Box Number is Not Acceptable): 1200 South PINE ISLAND DR

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 608, F.S.

Signature of Registered Agent: [signature] JOYCE R. GIBBONS ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date: 12-19-2000

CR2E041 (9/99)

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
Chairman	Alberto Adroer	4 Place des Ailes	92641 Boulogne France
Pres	Ronald Ashton	3582 Mc Call Pl NE	Atlanta GA 30340
Treas VP	Jan Bauernfeind	2021 Cabot Blvd W	Langhorne PA 19047
Sec VP	Peter Vroom	23700 Chagrin Blvd.	Cleveland OH 44122

12-21-00

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 608.406, 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: 12/14/00 Daytime Phone #: 215-702-2819

Typed or printed name of signing Managing Member/Manager: JANICE A. BAUERNFEIND