

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F03000002329	
1. Entity Name ROCKPORT GROUP OF TEXAS, INC.	



FILED
07 JUN -7 AM 8:54

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Principal Place of Business 50 BRIAR HOLLOW LANE, #515W HOUSTON, TX 77027	Mailing Address 50 BRIAR HOLLOW LANE, #515W HOUSTON, TX 77027
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



4. FEI Number 76-0544649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MASON, DEBRA 280 WEKIVA SPRINGS RD., SUITE 102 LONGWOOD, FL 32779	7. Name and Address of New Registered Agent Name: MARK C. NEER Street Address (P.O. Box Number is Not Acceptable): 280 WEKIVA SPRINGS RD., Suite 1080 City: LONGWOOD FL Zip Code: 32779
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Mark C. Neer* SENIOR VP MARK C. NEER 6/6/07
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C BALDWIN, JOHN K 901 HIGHLAND AVE. DEL MAR, CA 92014 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VCP NEER, HARRY M 50 BRIAR HOLLOW LANE, #515W HOUSTON, TX 77027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P 8001042553 06/12/07--01013--007 **908.75 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HINSON, LARRY K 4819 STILLBROOKE HOUSTON, TX 77027 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Signature]</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Eric H. Kolstad 2600 Michelson Drive, 17th Floor Irvine, CA 92612 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: <i>Harry M. Neer</i>	Harry M. Neer, President/CEO	June 6, 2007	(800) 734-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #