


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F05000006561	
1. Entity Name RICHLAND FINANCIAL SERVICES OF TEXAS, INC.	

FILED

06 NOV 13 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1110 N. POST OAK RD, SUITE 170 HOUSTON, TX 77055	Mailing Address 1110 N. POST OAK RD, SUITE 170 HOUSTON, TX 77055
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

11072006 REIN-P CR2E098 (11/05) **096**

4. FEI Number 76-0416308	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LONG, KATHLEEN 2100 N. FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432

7. Name and Address of New Registered Agent Name EDNA MEYER-NELSON Street Address (P.O. Box Number is Not Acceptable) 300 SE 5TH AVE, #3060 City BOCA RATON FL Zip Code 33432
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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 <u>Edna Meyer-Nelson</u> 11/09/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, KATHLEEN 1200 N. FEDERAL HIGHWAY, SUITE 200 BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EDNA MEYER-NELSON 1110 N. POST OAK RD., #170 HOUSTON, TX 77055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUZANNE K. KLEIN 1110 N. POST OAK RD., #170 HOUSTON, TX 77055 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	100081735681 11/13/06--01035--007 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <u>Edna Meyer-Nelson</u> 11/09/06 713-682-5707 Signature and typed or printed name of signing officer or director Date Daytime Phone #