
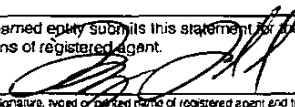
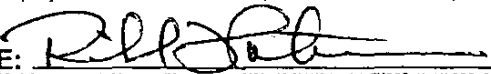


**2007 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED

07 OCT -3 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | |
|--|---|--|--|
| DOCUMENT # M00000001024 | |  | |
| 1. Entity Name THE ROCKPORT COMPANY, LLC BK | | | |
| Principal Place of Business 1895 J.E. FOSTER BLVD. CANTON, MA 02021 | | Mailing Address 1895 J.E. FOSTER BLVD. CANTON, MA 02021 | |
| 2. Principal Place of Business - No P.O. Box # 1895 J.E. Foster Blvd. | | 3. Mailing Address 1895 J.E. Foster Blvd. | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 BK | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | FL Zip Code |
| 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:  | | Troy Todd as its agent | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| DATE: 10/3/2007 | | DATE | |
| FILE NOW!!! FEE IS \$100.00 | | in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | |
| | | Make check payable to Florida Department of State. | |
| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MARGOLIS, JAY 1895 J.E. FOSTER BLVD. CANTON, MA 02021 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | See Attached <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR WATCHMAKER, KENNETH 1895 J.E. FOSTER BLVD. CANTON, MA 02021 <input checked="" 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 | MGR PACE, DAVID 1895 J.E. FOSTER BLVD. CANTON, MA 02021 <input checked="" 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 |
| 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 |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | |
| SIGNATURE:  | | Sept. 24, 2007 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | Date Daytime Phone # | |

000110241140



09052007 REIN-LLC CR2E101 (1/07)

4. FEI Number 04-3495456 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

REINSTATEMENT 2006-2007

M00000001024

The Rockport Company, LLC

Schedule of Managers + Officers

| Managers | Business Address |
|-----------------|--|
| Michael Rupp | 1895 J.W. Foster Boulevard Canton, MA 02021 |
| Sharon Bryan | 1895 J.W. Foster Boulevard Canton, MA 02021 |
| Richard Paterno | 1895 J.W. Foster Boulevard Canton, MA 02021 |

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| Officers/Diles | Business Address |
|---|--|
| Richard Paterno President + Chief Executive Officer | 1895 J.W. Foster Boulevard Canton, MA 02021 |
| James Maguire Vice President | 1895 J.W. Foster Boulevard Canton, MA 02021 |
| Thomas Chagnon Treasurer | 1895 J.W. Foster Boulevard Canton, MA 02021 |
| Diana Wainrib Secretary | 1895 J.W. Foster Boulevard Canton, MA 02021 |

BK



CORPORATION SERVICE COMPANY

M00000001024

ACCOUNT NO. : 072100000032

REFERENCE : 252018 7272956

AUTHORIZATION :

Spud Elena

COST LIMIT : \$ 100.00

ORDER DATE : October 1, 2007

ORDER TIME : 2:56 PM

ORDER NO. : 252018-070

CUSTOMER NO: 7272956

BK

RECEIVED
01 OCT -3 PM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

BK

NAME: THE ROCKPORT COMPANY, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd

EXAMINER'S INITIALS _____

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TALLAHASSEE, FLORIDA