

M00000001024

APPROVED
AND
FILED

3 FEB -5 PM 1:33

LIMITED LIABILITY COMPANY REINSTATEMENT



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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M00000001024

1. Limited Liability Company's Name
The Rockport Company, LLC

200-
2003

REINSTATEMENT

2. Principal Office Address
1895 J.W. Foster Boulevard

3. Mailing Office Address

4. State/Country of Formation
Delaware

Suite, Apt. #, etc.

Suite, Apt.# etc.

5. Date Organized or Qualified To Do Business in Florida
May 26, 2000

City & State
Canton, MA

City & State

6. FEI Number
04-3495456

Zip
02021

Country
USA

Zip

Country

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

200011899822
02/06/03--01010--016 **250.00

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 Connie Bryan **CONNIE BRYAN**
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date Feb. 5 2003

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
Mgr.	Jay Margolis	1895 J.W. Foster Boulevard	Canton, MA 02021
Mgr.	Kenneth Watchmaker	1895 J.W. Foster Boulevard	Canton, MA 02021
Mgr.	David Pace	1895 J.W. Foster Boulevard	Canton, MA 02021

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 it made under oath.

Signature of Managing Member/Manager David A. Pace Date 1/10/03 Daytime Phone # 781-401-4232

Typed or printed name of signing Managing Member/Manager David A. Pace, Manager