PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 FEB -6 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700063009857
01/06--01014--013 **150.00

REINSTATEMENT 05-06

DOCUMENT # P04000166123

1. Corporation Name

The Limited Edition Glassworks of USA, Inc.

2. Principal Office Address	**3.** Mailing Office Address
839 Tyler Street	839 Tyler Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
c/o G.Rizzardo	c/o G. Rizzardo
City & State	City & State
Hollywood, FL	Hollywood, FL
Zip / Country	Zip / Country
33019 / Broward	33019 / Broward

4. Date Incorporated or Qualified To Do Business in Florida 12/9/04

5. FEI Number 75-3192295 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Gerardo Rizzardo

Street Address (P.O. Box Number is Not Acceptable): 839 Tyler Street

Suite, Apt. #, Etc.:

City: Hollywood, FL | State: FL | Zip Code: 33019

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: _____ Date: 12/29/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Gerardo Rizzardo	839 Tyler Street	Hollywood,FL 33019

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01/05/06--01054--013 **750.00

10. I certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this application as provided for in Chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: _____ 12/29/05

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #