

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED

04 NOV -1 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT *04*



10222004 REIN-P CR2E098 (6/04)

4. FEI Number
13-3947928 Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DOCUMENT # F00000004740 1. Entity Name GLASS-FORM PRODUCTION, INC.			
Principal Place of Business 310 TIFFANY ST. BRONX, NY 10474		Mailing Address 310 TIFFANY ST. BRONX, NY 10474	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent FORMAN, JAMES G 300 EGRET LANE WESTON, FL 33327	7. Name and Address of New Registered Agent Name ENRICO MARCHEGGIANI Street Address (P.O. Box Number is Not Acceptable) 191 N.W. 97th Ave APT 522 City MIAMI State FL Zip Code 33142
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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 *Enrico Marcheggiani* DATE *10/21/04*
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, 2005, 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VVC SFERRA, JEANINE <input checked="" type="checkbox"/> Delete 80 DUTCHER AVE PAWLING, NY 12546	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JEANINE Delong 310 TIFFANY ST. BRONX, NY 10474
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete COELHO, DOMINICK 80 DUTCHER AVE PAWLING, NY 12546	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700042355557 11/01/04--01060--020 **150.00
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
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 exemption stated in Section 119.07(3)(i), 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: *Jeanine Delong* DATE: *10/21/04* DAYTIME PHONE #: *(718) 617-4752*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #