APPROVED AND FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 MAY 23 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000006240

1. Corporation Name
Fireworks by Grucci,incorporated

REINSTATEMENT 99-05

2. Principal Office Address	3. Mailing Office Address
1 Grucci Lane	SAME AS
Suite, Apt. #, etc.	Suite, Apt. #, etc. SAME AS
City & State: Brookhaven New York	City & State: SAME AS
Zip: 11719 County: suffolk	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 12/07/94

5. FEI Number: 11254337 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $9.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: C T 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

600055148016
05/23/05--01066--015 **650.00

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: Barbara A Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date: 5/18/05

REGISTERED AGENT MUST SIGN

CR2E041 (01/05)

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
PTDT	DONNA BUTLER GRUCCI ST P	1 DOCK ST PATCHOGUE N.Y. 11772	PRESIDENT
CFO	FELIX GRUCCI JR	41 VALENCIA DRIVE EAST PATCHOGUE NY 11772	CFO
VP	FELIX GRUCCI	51 STATON ROAD BELLPORT N.Y.	VICE PRESIDENT

10. I certify that I am an officer or director 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: Donna Grucci Butler 5/18/05 (631) 286-0088

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