

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 Sandra M. Ham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

98 JUN 11 AM 10: 21

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L31953  
 1. Corporation Name: ENERGY Sciences, Inc.

Principal Place of Business Mailing Address  
255 Alhambra circle, Suite 412  
Coral Gables, FL 33134

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>November 14, 1989</u>	
Suite, Apt. #, etc. <u>412</u>		Suite, Apt. #, etc.		5. FEI Number <u>65-0157472</u>	
City & State <u>Coral Gables, FL</u>		City & State		Applied For Not Applicable	
Zip <u>33134</u>		Country <u>U.S.A.</u>		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
<u>President</u>	<u>Esber Andiroglu</u>	<u>155 Cocoplum Rd.</u>	<u>Coral Gables, FL 33143</u>
			<u>500002560835-2</u> <u>-06/16/98--01064--018</u> <u>****715.00 ****715.00</u>

8. Name and Address of Current Registered Agent  
Esber Andiroglu  
255 Alhambra circle  
Suite 412  
Coral Gables, FL 33134

9. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc.  
 City State Zip Code  
FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.  
 Signature of Registered Agent: [Signature] REGISTERED AGENT MUST SIGN Date: 6-8-98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes  No  (See other side for information on intangible tax.)

12. 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: [Signature] 6-8-98 305.448.8826  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (1/98)

