

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

DOCUMENT # L31953
1. Corporation Name
ENERGY SCIENCES INC.

2. Principal Office Address 2821 DOUGLAS RD Suite, Apt. #, etc.		3. Mailing Office Address 2821 DOUGLAS RD Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33133	Country	Zip 33133	Country

REINSTATEMENT *01-02*

4. Date Incorporated or Qualified To Do Business in Florida: 11/21/1989

5. FEI Number: 65-0157472
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: **ESBER ANDIROGLU**

Street Address (P.O. Box Number is Not Acceptable): **2821 DOUGLAS RD**

Suite, Apt. #, Etc.:

City: **MIAMI** State: **FL** Zip Code: **33133**

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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: *[Signature]* REGISTERED AGENT MUST SIGN Date: *11/1/02*

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	ESBER ANDIROGLU	155 COCOPLUM RD	CORAL GABLES FL 33143
VP	ISABELLE ANDIROGLU	155 COCOPLUM RD	CORAL GABLES FL 33143

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: *[Signature]* **ESBER ANDIROGLU**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: *10/16/02* Daytime Phone #: **305-448-8826**

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