

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 NOV 14 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

CORPORATION
REINSTATEMENT

DOCUMENT # L31953

1. Corporation Name

ENERGY SCIENCES INC.

2. Principal Office Address

2821 DOUGLAS RD

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33133

Country

3. Mailing Office Address

2821 DOUGLAS RD

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33133

Country

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

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

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:

ESBER ANDIROGLU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/02

305-448-8826

Daytime Phone #