

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2012 JUN 14 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000017829

1. Corporation Name

NANO GREEN SCIENCES, INC.

2. Principal Office Address - No P.O. Box #

2205 NORTH CREEK COURT

3. Mailing Office Address

2205 NORTH CREEK COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SUN CITY CENTER

City & State

SUN CITY CENTER

Zip

33573

Country

USA

Zip

33573

Country

USA

600236267026
06/12/12--01017--005 **1208.75

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

2005

5. FEI Number

432094484

☐ 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

ALVIN BOJAR

Street Address (P.O. Box Number is Not Acceptable)

2205 NORTH CREEK COURT

Suite, Apt. #, Etc

City

SUN CITY CENTER

State

FL

Zip Code

33573

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

Alvin Bojar

REGISTERED AGENT MUST SIGN

Date 6 JUNE 2012

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	ALVIN BOJAR	2205 NORTH CREEK COURT	SUN CITY CENTER, FL 33573
V	TIMOTHY P. BOJAR	234 E. 24TH STREET	NEW YORK, NY 10010
S/T	JAYNE E. BOJAR	2205 NORTH CREEK COURT	SUN CITY CENTER, FL 33573

10. E-mail Address: alvinbojar@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

Alvin Bojar ALVIN BOJAR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 JUNE 2012

Date

Daytime Phone #