

1074

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 FEB 25 AM 3:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**  **FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

2013-2014

DOCUMENT # F07000002800

1. Corporation Name **Rider University A New Jersey Non-Profit Corporation**

2. Principal Office Address - No P.O. Box # **2083 Lawrenceville Road**  
3. Mailing Office Address **Same**

State, Apt. #, etc. **State, Apt. #, etc.**

City & State **Lawrenceville, NJ 08648**

zip **08648** Country **USA**

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida **5/28/2007**

5. FEIN/ID# **F07000002800** 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 **CT Corporation System**  
Street Address (P.O. Box Number is Not Acceptable) **1200 S. Pine Island Rd**  
State, Apt. #, etc.  
City **Plantation** State **FL** Zip Code **33324**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0803 or 817.0403, F.S.  
Signature of Registered Agent **Maria T. Chambers** **Maria T. Chambers** Special Assistant Secretary Date **2/24/14**  
REGISTERED AGENT MUST SIGN

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
Pres.	Mordechai Rozanski	2083 Lawrenceville Road	Lawrenceville, NJ 08648
Treas	Julie A. Karns	2083 Lawrenceville Road	Lawrenceville, NJ 08648
Sec.	Jonathan Meer	2083 Lawrenceville Road	Lawrenceville, NJ 08648
	Board of Directors	See Attached	

10. E-mail Address: **karns@rider.edu**

(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 807 or 817, 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 807.0401 or 817.0401, 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.817.156, F.S.

SIGNATURE: **Julie A. Karns** **Julie A. Karns, VP for Finance** Date **6/09/2014**

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TALLAHASSEE

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Contact Name: KATHY KELLERHALS

Ph: (850) 222-1092

Userid: FCA000000023 Account: FCA000000023 Sub-Account:

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Corporate Name: RIDER UNIVERSITY A NEW JERSEY NON-PROFIT CORPORATION

Certified Copy: Certificate of Status:

Fax Phone Number: (850) 878-5368 Request Date: 02/25/14 Time: 10:42:32

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Estimated Charge: \$297.50

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D/Reason: AR User Year: 2013 501(3) (C) STATUS:

Corp Status: I Total Corps:

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