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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

DOCUMENT # F03000005208

1. Corporation Name

HOFSTRA UNIVERSITY, INC.

2. Principal Office Address - No P.O. Box #
1000 FULTON AVENUE

3. Mailing Office Address
128 HOFSTRA UNIVERSITY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

OFFICE OF FINANCIAL AFFAIRS

City & State

HEMPSTEAD, NEW YORK

City & State

HEMPSTEAD, NEW YORK

Zip
11549

Country
USA

Zip
11549

Country
USA

7. Name and Address of Current Registered Agent

Name
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City
PLANTATION

State
FL

Zip Code
33324

4. Date incorporated or Qualified
To Do Business in Florida
10/21/03

5. FEI Number
111630906

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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



Hillary England
Assistant Secretary

Date

3/1/07

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	STUART RABINOWITZ	1000 FULTON AVENUE	HEMPSTEAD, NY 11549
VP	PATRICIA ADAMSKI	1000 FULTON AVENUE	HEMPSTEAD, NY 11549
VP	CATHERINE HENNESSY	1000 FULTON AVENUE	HEMPSTEAD, NY 11549
VP	DOLORES FREDRICH	1000 FULTON AVENUE	HEMPSTEAD, NY 11549
VP	ALAN KELLY	1000 FULTON AVENUE	HEMPSTEAD, NY 11549

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 contained in Chapter 119, 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:



Catherine Hennessy

Vice President for Financial Affairs and Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/12/07

Daytime Phone #