

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 APR 20 PM 12:44

SECRETARY OF STATE,
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # NO4000006102

1. Corporation Name

Holy Spirit University, Inc.

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

3953 S. NOVA RD.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL.

City & State

Zip

32127

Country

Zip

Country

7. Name and Address of Current Registered Agent

Name

WAGID F GUIRGIS, MD

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

3953 S. NOVA RD.

Suite, Apt. #, Etc.

City

PORT ORANGE

State

FL

Zip Code

32127

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 4/15/2010

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
D	NABIL ASAAD, Rev., Dr.	21 Crandal Dr.	E. BRUNSWICK, NJ 08816
D	MERUAT ASAAD, Dr.	21 Crandal Dr.	E. BRUNSWICK, NJ 08816
D	ABEER BASHOUT	21 Crandal Dr.	E. BRUNSWICK, NJ 08816

10. E-mail Address:

(REVASAAD@aol.com) REVASAAD@aol.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., 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.

SIGNATURE:

Rev Nabil Asaad Rev. NABIL ASAAD

Date

Daytime Phone #

4/15/2010 (732) 620-2602

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REINSTATEMENT CR2E081(1/09) 05-10

4. Date incorporated or Qualified To Do Business in Florida 6/18/2004

5. FEI Number

20-3753407

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

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.