PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
11 MAY 24 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02124

1. Corporation Name
Saint George's University, School of Medicine Limited Inc.

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| University Center | University Center |
| Suite, Apt. #, etc<br>St. George's | Suite, Apt. #, etc.<br>St. George's |
| City & State<br>Grenada | City & State<br>Grenada |
| Zip / Country<br>West Indies | Zip / Country<br>West Indies |

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida 5/22/1984

5. FEI Number 98-0467366 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc:

City: Tallahassee | State: FL | Zip Code: 32301

300207202203

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] Jeanine Reynolds as its agent — Date: 5-4-11

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 |
|---|---|---|---|
| | See Attached Rider | | |
| | | | |
| | | | REINSTATEMENT |
| | | | |
| | | | 90-11 |
| | | | |

10. E-mail Address: CADAMS@SGU.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 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: [signature] Charles J. Adams MAY 3, 2011 631.666.6200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

# RIDER

## Saint George's University, School of Medicine Limited Inc.

## *Officers:*

| Name | Title | Business Address |
|---|---|---|
| Charles R. Modica | Chancellor | c/o Saint George's University Limited, University Center, St. George's, Grenada, West Indies |
| Brian P. Zwaryck | Executive Vice President and Chief Financial Officer | c/o University Support Services LLC, 3500 Sunrise Highway, Building 300, Great River, NY 11739 |
| Charles J. Adams | Executive Vice President and General Counsel | c/o Patrick F. Adams, P.C., 3500 Sunrise Highway, Building 300, Great River, NY 11739 |
| Patrick F. Adams | Secretary | c/o Saint George's University Limited, University Center, St. George's, Grenada, West Indies |

## *Trustees:*

| Name | Business Address |
|---|---|
| Charles J. Adams | c/o Patrick F. Adams, P.C., 3500 Sunrise Highway, Building 300, Great River, NY 11739 |
| Patrick F. Adams | c/o Saint George's University Limited, University Center, St. George's, Grenada, West Indies |
| Charles R. Modica | c/o Saint George's University Limited, University Center, St. George's, Grenada, West Indies |
| Louis J. Modica | c/o Saint George's University Limited, University Center, St. George's, Grenada, West Indies |

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 766632 4300043

AUTHORIZATION :

COST LIMIT : $ 3900.00

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ORDER DATE : May 4, 2011

ORDER TIME : 11:56 AM

ORDER NO. : 766632-005

CUSTOMER NO: 4300043

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RECEIVED
11 MAY -4 PM 1:42
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

REINSTATEMENT

NAME: SAINT GEORGE'S UNIVERSITY, SCHOOL OF MEDICINE LIMITED INC.

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS _____