


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	<p><b>13 AUG 13 PM 1:10</b></p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p>
<b>DOCUMENT #</b> F05000001483			
1. Corporation Name <b>Bridgepoint Education, Inc.</b>			
2. Principal Office Address - No P.O. Box # <b>13500 Evening Creek North</b>		3. Mailing Office Address <b>13500 Evening Creek North</b>	
Suite, Apt. #, etc. <b>Suite #600</b>		Suite, Apt. #, etc. <b>Suite #600</b>	
City & State <b>San Diego</b>		City & State <b>San Diego</b>	
Zip <b>92128</b>	Country <b>USA</b>	Zip <b>92128</b>	Country <b>USA</b>
4. Date Incorporated or Qualified To Do Business in Florida <b>5/21/1999</b>		5. FEI Number <b>59-3551629</b>	
6. <b>CERTIFICATE OF STATUS DESIRED</b>		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. <b>\$5.75 Additional Fee required for a Certificate of Status</b>	
Name <b>CT Corporation System</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>			
City <b>Plantation</b>		State <b>FL</b>	Zip Code <b>33324</b>
8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.			
Signature of Registered Agent <i>Kristin Bolden</i>		Name <b>Kristin Bolden</b> Assistant Secretary	
		Date <b>8/9/2013</b>	
REGISTERED AGENT MUST SIGN			
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Andrew Clark	13500 Evening Creek North	San Diego, CA 92128
CFO	Daniel Devine	13500 Evening Creek North	San Diego, CA 92128
GC	Diane Thompson	13500 Evening Creek North	San Diego, CA 92128
<b>REINSTATEMENT 12-13</b>			<b>AUG 19 2013</b>
			<b>T. SCOTT</b>
10. E-mail Address: <b>cindi.tung@bpiedu.com</b> <small>(To be used for future annual report notifications)</small>			
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 hereby 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: <i>Diane L. Thompson</i>		Date: <b>8/5/13</b>	
SIGNATURE AUTHORIZED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (PRINT FULL NAME)		Date	
		<b>858-668-2586 x4364</b>	

Diane L. Thompson

Division of Corporations

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Division of Corporations  
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**CORPORATION REINSTATEMENT  
BRIDGEPOINT EDUCATION, INC.**

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