

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **N93000005804**

1. Corporation Name

**BAY POINT SCHOOLS, INC.**

Principal Place of Business

22025 SW 87TH  
MIAMI FL 33190  
US

Mailing Address

22025 SW 87TH AVE  
STE 104  
MIAMI FL 33190  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/30/1993

5. FEI Number

65-0457078

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
D/P	COLE, MARY L PH.D.	4955 LAKEVIEW DRIVE	MIAMI BEACH FL 33140
D	PEREZ, JIM	17842 S.W. 107TH AVENUE, SUITE 2	MIAMI FL 33157
D	ACOSTA, PETER	17842 S.W. 107TH AVENUE, SUITE 2	MIAMI FL 33157

8. Name and Address of Current Registered Agent

COLE, MARY LOUISE PH.D.  
4955 LAKEVIEW DRIVE  
MIAMI BEACH FL 33140

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0605, F.S.

Signature of  
Registered Agent

*Mary Louise Cole*  
REGISTERED AGENT MUST SIGN

Date

10/13/99

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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/13/99

Daytime Phone #

FILED

99 OCT 19 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CR20040 (8/99)