

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**

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

**FILED**

01 JAN 24 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **N95000003140**

1. Corporation Name

Bay Point School Properties, Inc.

2. Principal Office Address

1550 Madruga Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33146

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

65-0591094

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

Kathleen Kennedy Olsen

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

6215 SW 145th Street

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33158

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

REGISTERED AGENT MUST SIGN

Date

1-18-01

**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
DV	Kimberly Kennedy	1550 Madruga Avenue	Coral Gables, FL 33146
DP	Karyn Kennedy Herterich	1550 Madruga Avenue	Coral Gables, FL 33146
DV	Kendel Kennedy Dobkin	1550 Madruga Avenue	Coral Gables, FL 33146
DST	Kathleen Kennedy Olsen	6215 615 SW 145th Street	Miami, FL 33158

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 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

Kathleen Kennedy-Olsen

Date

1-18-01

Daytime Phone #

(305) 666-6226

**KE**

CR2E081 (9/99)