

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000003140

1. Corporation Name

BAY POINT SCHOOL PROPERTIES, INC.

2. Principal Office Address

1550 MADRUGA AVENUE

Suite, Apt. #, etc.

SUITE 225

City & State

CORAL GABLES, FL.

Zip

33146

Country

U.S.A.

3. Mailing Office Address

1550 MADRUGA AVENUE

Suite, Apt. #, etc.

SUITE 225

City & State

CORAL GABLES, FL.

Zip

33146

Country

U.S.A.

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/30/1995

5. FEI Number

650591094

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

KENNEDY-OLSEN, KATHLEEN

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

6215 SW 145TH STREET

Suite, Apt. #, Etc.

City

CORAL GABLES,

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

Kathleen Kennedy-Olsen

REGISTERED AGENT MUST SIGN

Date

10/02/2003

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
DP	HERTERICH, KARYN	1550 MADRUGA AVENUE, #225	CORAL GABLES, FL. 33146
DV	KENNEDY, KIMBERLY	1550 MADRUGA AVENUE, #225	CORAL GABLES, FL. 33146
DV	KENNEDY, KENDEL	1550 MADRUGA AVENUE, #225	CORAL GABLES, FL. 33146
DST	KENNEDY-OLSEN, KATHLEEN	6215 SW 145 STREET	CORAL GABLES, FL. 33146

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:

Kathleen Kennedy-Olsen

Kathleen Kennedy-Olsen

10.02.2003

(305) 666.6226

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

03 OCT -8 AM 8:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

REINSTATEMENT 03

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10/08/03--01028--004 **245.00

CR2E081 (10/02)

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