2 of 2 pages

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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
BIGEYE INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	$1,050.00

* 1 of 2

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6/12/14

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P10000059765

1. Corporation Name: REINSTATEMENT 2012-14

BIGEYE MARINE INC. formally known as BIGEYE INC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
ONE FEDERAL STREET	ONE FEDERAL STREET
Suite, Apt. #, etc.: 37TH FLOOR	Suite, Apt. #, etc.: 37TH FLOOR
City & State: BOSTON, MA	City & State: BOSTON, MA
Zip: 02110 Country: USA	Zip: 02110 Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 07/22/2010

5. FEI Number: x 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: STEVEN H. HIBBE, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1390 S DIXIE HIGHWAY

Suite, Apt. #, etc.: SUITE 1104

City: CORAL GABLES State: FL Zip Code: 33146

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: Lauren Vadney, Attorney-in-Fact Date: 06/11/2014

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
D	LEERINK, JEFFREY A	ONE FEDERAL STREET	BOSTON, MA 02110

10. E-mail Address: cl@yachtcounselor.com

(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: 06/11/2014 561-694-8107

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

Lauren Vadney, Attorney-in-Fact