

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **P99000024798**

1. Corporation Name

BIGEYE.COM, INC.

Principal Place of Business

Mailing Address

677 N WASHINGTON BLVD
 SARASOTA FL 34236

677 N WASHINGTON BLVD
 SARASOTA FL 34236

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

03/18/1999

5. FEI Number

65-0910603

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPC	OGILBY, STEWART R	677 N WASHINGTON BLVD	SARASOTA FL 34236
DSV	MARTIN, NELSON J JR	677 N WASHINGTON BLVD	SARASOTA FL 34236
DVP DV	NILBRINK, LARS NILBRINK, LARS	677 N WASHINGTON BLVD	SARASOTA FL 34236
DVP	ARNOLD, CHARLES B	677 N WASHINGTON BLVD	SARASOTA FL 34236
✓	Bourenina, Vera	677 N. Washington Blvd	Sarasota, FL 34236

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIRTLEY, WILLIAM T
 2340 S TAMAMI TRAIL
 SARASOTA FL 34239

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

SARASOTA

FL

34236

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

REGISTERED AGENT MUST SIGN

Date

10-23-01 MCV

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

Daytime Phone #

Stewart R. Ogilby

10-22-01 941-952-5881

CR2E000 (8/01)