

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV 25 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000024798

1. Corporation Name

BIGEYE.COM, INC.

Principal Place of Business

Mailing Address

~~677 N WASHINGTON BLVD~~
SARASOTA FL 04236

~~677 N WASHINGTON BLVD~~
SARASOTA FL 04236



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

4. Date Incorporated or Qualified
To Do Business in Florida

03/18/1999

Suite, Apt. #, etc

P.O. Box 2776

Suite, Apt. #, etc

P.O. Box 2776

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34230

Country

US

Zip

34230

Country

US

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	C/O BIGEYE 677 WASHINGTON BLVD P.O. Box 2776	SARASOTA FL 34236 34230
DV	NILBRINK, LARS	C/O BIGEYE 677 WASHINGTON BLVD	SARASOTA FL 34236
V	BOURENINA, VERA	C/O BIGEYE 677 WASHINGTON BLVD	SARASOTA FL 34236

800009209108
11/25/02--01086--008 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KIRTLEY, WILLIAM T
1776 RINGLING BOULEVARD
SARASOTA FL 34236

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

William T. Kirtley

REQUIRED

REGISTERED AGENT MUST SIGN

Date

11-22-02

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

11-22-02

Date

Daytime Phone #

941-545-3600

CR2E040 (8/02)



BigEye™

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Division of Corporations
PO Box 6327
Tallahassee, FL 32314-6327

November 22, 2002

Re: Reinstatement, Address-change, & Waiver

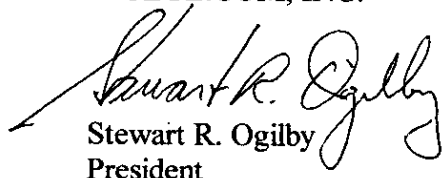
Sirs:

Enclosed is \$150.00 check for reinstatement together with completed and signed form.

We are requesting waiver for failure to receive two prior notices due to change of address. The new mailing address has been noted on the enclosed form.

Yours truly,

BIGEYE.COM, INC.


Stewart R. Ogilby
President

P.O. Box 2776

BigEye.com, Inc.

~~677 N. Washington Blvd.~~

Sarasota, Florida ~~34236~~ 34236-7423

800.998.2523

941.952.5881 ~~545-7600~~

941.957.3630 (fax)

Stewart ~~office~~@bigeye.com