

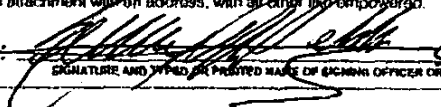
\$122.50

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 APR 14 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01000004042					
1. Entity Name SPIDER WEBB SERVICES, INC.					
Principal Place of Business 12700 SW 187ST MIAMI, FL 33177 US			Mailing Address PO BOX 971216 MIAMI, FL 33197-1216 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-1107176				Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEBB, LENNARD SR 12700 SW 187TH ST MIAMI, FL 33177				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WEBB, LENNARD SR		NAME		
STREET ADDRESS	12700 SW 187TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33177		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	WEBB, WILLIAM W		NAME		
STREET ADDRESS	11900 SW 199 STREET		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33177		CITY- ST- ZIP		
TITLE	DST	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LAWRENCE, SUSAN		NAME		
STREET ADDRESS	12700 SW 187TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33177		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	LAROCHE, JACQUES SR		NAME		
STREET ADDRESS	17510 S DIXIE HWY		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33157		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	PACE, JOHN		NAME		
STREET ADDRESS	3545 NW 197TH LN		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33055		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	MATHIS, RICKY		NAME		
STREET ADDRESS	9121 SW 184TH ST		STREET ADDRESS		
CITY- ST- ZIP	MIAMI, FL 33157		CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  04/09/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SPICING OFFICER OR INSPECTOR _____ Date _____ Daytime Phone # _____					



REINSTATEMENT

04092008-12161107176 (1/07) 07-08

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