

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

01 DEC -3 PM 4:24

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P00000109178

1. Corporation Name

TARANTULA INTERWEB INDUSTRIES, INCORPORATED

Principal Place of Business

Mailing Address

1704 W. SITKA ST.
 TAMPA FL 33604

13014 N. DALE MABRY #140
 TAMPA FL 33618

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

REINSTATEMENT 2001

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

4. Date Incorporated or Qualified To Do Business in Florida

11/21/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3690018

Applied For

Not Applicable

City & State

City & State

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
P/H/S	STEVEN M. HOWELL	1704 W. SITKA ST. TAMPA, FL 33	TAMPA / FL / 33604

100004730001--6
 -12/18/01--01016--024
 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWELL, STEVE
 1704 W. SITKA ST.
 TAMPA FL 33604

Name
 Street Address (P.O. Box Number is Not Acceptable)
 Suite, Apt. #, Etc.
 City State Zip Code
 FL

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

Steve Howell

Date 10-16-01

REGISTERED AGENT MUST SIGN

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:

Steve Howell

10-16-01 813-915-8317

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2EC040 (8/01)