$300.00

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000050482

1. Entity Name
SPIDER WEBB INVESTIGATION AND SECURITY CO.

FILED
08 APR 14 AM 6:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 #
Suite, Apt. #, etc
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc
City & State
Zip / Country

040908 REIN-P REINSTATEMENT CR2E098 (1/07) 07-08

4. FEI Number
65-1139353
Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEBB, LENNARD SR
12700 SW 187TH ST
MIAMI, FL 33177

7. Name and Address of New Registered Agent
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) DATE

FILE NOW!!! FEE IS $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCEO WEBB, LENNARD SR 12700 SW 187TH ST MIAMI, FL 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700123261077 04/14/08--01045--013 **308.75
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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 607, 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: [signature] 04/09/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #