## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## **APPLICATION FOR** REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

**DIVISION OF CORPORATIONS** 

000032099 DOCUMENT #

1. Corporation Name

KW VENTURES, INC.

Principal Place of Business

Mailing Address

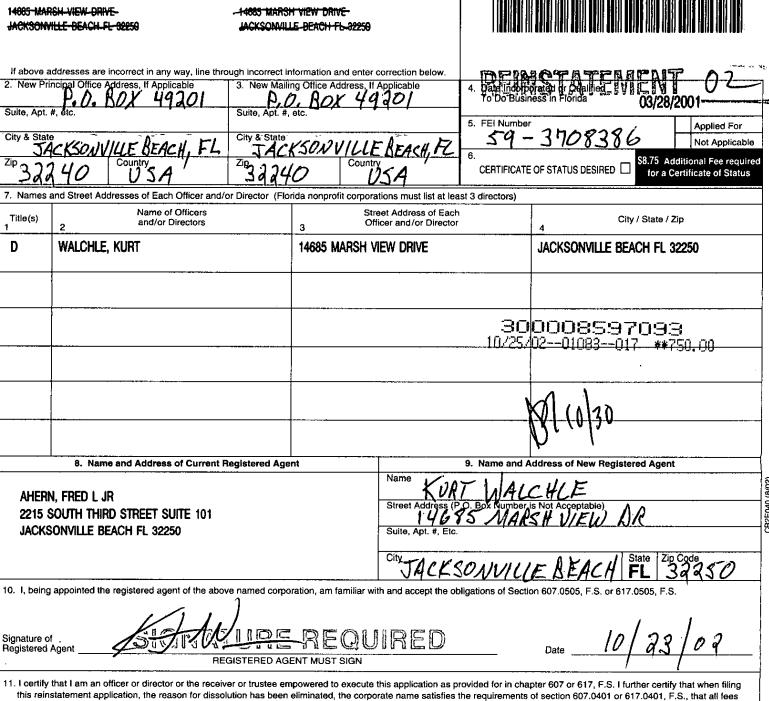
14005 MARSH-VIEW-DRIVE-

-14665 MARSH VIEW DRIVE

FILED

02 OCT 25 AM 10: 55

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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.