

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 OCT 25 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000032099

1. Corporation Name

KW VENTURES, INC.

Principal Place of Business

Mailing Address

~~14685 MARSH VIEW DRIVE~~
~~JACKSONVILLE BEACH FL 32250~~

~~14685 MARSH VIEW DRIVE~~
~~JACKSONVILLE BEACH FL 32250~~



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

2. New Principal Office Address, If Applicable

~~P.O. BOX 49201~~
~~Suite, Apt. #, etc.~~

3. New Mailing Office Address, If Applicable

~~P.O. BOX 49201~~
~~Suite, Apt. #, etc.~~

4. Date (Incorporated or Qualified
To Do Business in Florida)

03/28/2001

5. FEI Number

59-3708386

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	WALCHLE, KURT	14685 MARSH VIEW DRIVE	JACKSONVILLE BEACH FL 32250

300008597093
10/25/02--01083--017 **750.00

10/30

8. Name and Address of Current Registered Agent

AHERN, FRED L JR
2215 SOUTH THIRD STREET SUITE 101
JACKSONVILLE BEACH FL 32250

9. Name and Address of New Registered Agent

Name

KURT WALCHLE

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

14685 MARSH VIEW DR

Suite, Apt. #, Etc.

City

JACKSONVILLE BEACH

State

FL

Zip Code

32250

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

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/23/02

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

904-237-4508

Date

Daytime Phone #

CR2E040 (8/02)