PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSI REINSTATEM	HIP	-	TMENT OF STA y of State corporations	4TE	A	08 T
DOCUMENT 1. Name of Limited Parts					7	OR JUL 25 PA
Kinwin Limited				NX	発えら	
9 Oringinal Office Addre	No D O Roy #	3. Mailing Office Addres	3. Mailing Office Address			38
2. Principal Office Address - No P.O. Box # 820 Broad Street		820 Broad Street			CR2E039) (1/07) ST
	Market Center		Suite 400 Market Center		4. Date Formed or Registered 01	/23/1990
Chattanoog	ıa, TN	Chattanooga	Chattanooga, TN		6 2-1477715	Applied For
^z 37402	ŰŠÃ	^{Zip} 37402	ůsă		6. CERTIFICATE OF STATUS DESIRED	S8 75. Additional Fee required
8. Name and Address of Current Registered Agent					7. FEES:	
NRAI Services, Inc.				2_	Filing Fee(s): \$411.25 for each ye Supplemental Fee(s): \$88.75 for o	
2731 Execu	Number is Not Acceptable)	'e	14		Penalty Fee(s): \$500 for each yea partnership revoke	ed on our records.
Suite 4. Ltc.				<u> </u>	A \$500 penalty is due for each certificate of authority was revoked	d on our records, except in
Weston		State FL			circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$500 penalty fee(s) be waived.	
	ons of section 620.1810 or 620.1	1909, Florida Statutes, I hereby	***	nt of regis	stered agent. I am familiar with, and accept	the obligations of Chapter 620,
SIGNATURE (Registered Ag	ent Accepting Appointment}	Dwen a	Wdrew MUST	1	asst Sag DATE_	1-23-08
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.						
10. Name(s) of General Partner(s)			Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State and Zip Code	10a. Registration Document Number
Kinwin Inc.		820 Broad Street Suite 400 Market Center		Cha	attanooga, TN 37402	L44136
					2001163 01/29/0801039	69982 -022 **1008.75
		REINSTAT	'EMENT_	2	2007-20)Q
			Silvo:	+	ALL THE STREET, STREET	
Noھ: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or						
trustee empowered to execute this report as required by chapter 620, Florida Statutes.						
SIGNATURE						
Typed or Printed Name of General Partne-Signing Form						