
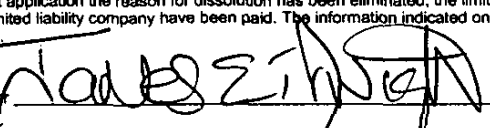


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 20 AM 10:45 CR2E041 (8/05)	
DOCUMENT # L040000 10066					
1. Limited Liability Company's Name Kinloch Capital, LLC					
2. Principal Office Address 1800 Sunset Harbor Drive Suite, Apt. #, etc. 1711 City & State Miami Beach, FL Zip 33139		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Zip Country		4. State/Country of Formation Florida (U.S.A.) 5. Date Organized or Qualified To Do Business in Florida 2/5/04 6. FEI Number 20-0690311 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Richard L. Rosenbaum					
Street Address (P.O. Box Number is Not Acceptable) 350 East Las Olas Blvd.					
Suite, Apt. #, Etc. Suite 1700					
City Ft. Lauderdale				State FL	Zip Code 33301
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ Date _____ <div style="text-align: center;">REGISTERED AGENT MUST SIGN</div>					
10. Names and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager		City / State / Zip	
Pres.	James Dwight	1800 Sunset Harbor Dr., #1711		Miami Bch., FL 33139	
				100091021461 10/19/06--01030--006 **205.00	
				REINSTATEMENT 05-06	
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager  Date 9/7/06 Daytime Phone 305-674 88341 Typed or printed name of signing Managing Member/Manager James E. Dwight					