

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 AUG -1 AM 8:40

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000011832

1. Limited Liability Company's Name
Hartshorn Investment Management LLC

2. Principal Office Address c/o Northern Trust Bank of FL, 4001 Tamiami Trail North		3. Mailing Office Address c/o Northern Trust Bank of FL, 4001 Tamiami Trail North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Naples, Florida		City & State Naples, Florida	
Zip 34103	Country	Zip 34103	Country

CR2E041 (8/05)

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
04/02/2003

6. FEI Number
27-0066723

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Robert D.W. Landon, II, Esq.

Street Address (P.O. Box Number is Not Acceptable)
Duwody White & Landon, P.A., 4001 Tamiami Trail North

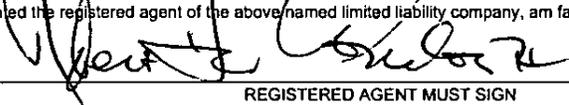
Suite, Apt. # Etc.
Suite 200

City
Naples

State
FL

Zip Code
34103

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 July 25, 2006

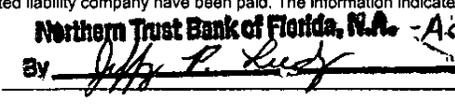
REGISTERED AGENT MUST SIGN

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
Mgr	Northern Trust Bank of Florida NA, Co-Trustee	4001 Tamiami Trail North	Naples, Florida 34103
Mgr	Jean H. Jenkins, Co-Trustee	11501 West 159th	Olathe, Kansas 66062

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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 7/25/06 Daytime Phone # (239) 262-8800

Typed or printed name of signing Managing Member/Manager Jeffery P. Leedy, Vice President, Northern Trust Bank of Florida NA, Co-Trustee