

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JAN 15 PM 12:27

**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

800140830938
01/15/09--01023--013 **138.75

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # % Northern Trust, NA		3. Mailing Office Address % Northern Trust, NA; Attn: J. Leedy	
Suite, Apt. #, etc. 4001 Tamiami Trail N.		Suite, Apt. #, etc. 4001 Tamiami Trail N.	
City & State Naples, FL		City & State Naples, FL	
Zip 34103	Country	Zip 34103	Country

4. State/Country of Formation FL	
5. Date Organized or Qualified To Do Business in Florida 04/02/2003	
6. FEI Number 27-0066723	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) Dunwoody White & Landon, P.A.			
Suite, Apt. #, Etc. 4001 Tamiami Trail N., Suite 200			
City Naples	State FL	Zip Code 34103	

A \$100 reinstatement fee is imposed, except in 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 \$100 reinstatement be waived.

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 *Robert D. W. Landon, II*
REGISTERED AGENT MUST SIGN

Date 1-12-09

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, NA, Co-Trustee	4001 Tamiami Trail N.	Naples, FL 34103
MGR	Jean H. Jenkins, Co-Trustee	Jenkins Mgr. Trust, 11501 W. 159th	Olathe, KS 66062

REINSTATEMENT 2008

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 *Northern Trust by J. Leedy VP* Date 1/12/09 Daytime Phone # (239) 262-8800

Typed or printed name of signing Managing Member/Manager _____