

M01000000014

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

RECEIVED

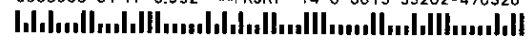
OCT 22 2002

J.S.

1. DOCUMENT # M01000000014
Name and Mailing Address

2002 NOV 19 PM 1:17
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

0008036 01 FP 0.352 **PRSR T4 0 0615 53202-470320



NORTHWESTERN INVESTMENT MANAGEMENT COMPANY, LLC
C/O THE NORTHWESTERN MUTUAL LIFE INS CO
720 EAST WISCONSIN AVE.
MILWAUKEE WI 53202-4703



| | | | |
|--|---------------------------------------|---|--------------------|
| 2. New Mailing Address City, State, Zip | | 4. State/Country of Formation DE | |
| 5. Date Organized or Qualified To Do Business in Florida 01/03/2001 | | 6. FEI Number 39-0509570 | |
| 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | | Applied For Not Applicable | |
| Principal Place of Business C/O THE NORTHWESTERN MUTUAL LIFE INS CO 720 EAST WISCONSIN AVE. MILWAUKEE WI 53202 | | 3. New Principal Place of Business Address City, State, Zip | |
| 8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 10. 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 <i>Jeffrey R. Graves</i> Jeffrey R. Graves Assistant Secretary Date 11/18/00 REGISTERED AGENT MUST SIGN | | | |
| 11. Names and Street Addresses of Each XXXXXX XXXX XXXXX sole member | | | |
| Title(s) | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
| Sole member | The Northwestern Mutual Life Ins. Co. | 720 East Wisconsin Avenue | Milwaukee WI 53202 |
| 3000008931123 11/19/02--01063--009 **155.00 | | | |
| REINSTATEMENT 2002 | | | |

12. 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 *Robert Allen* Date **11/14/02** Daytime Phone # **(414) 665-4523**

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)

CT CORPORATION

November 19, 2002

FILED
2002 NOV 19 PM 1:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Secretary of State, Florida
409 East Gaines Street
N/A
Tallahassee FL 32399

Re: Order #: 5725696 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

~~Northwestern Investment Management Company, LLC (DE)~~
~~Reinstatement~~
~~Florida~~

~~Northwestern Investment Management Company, LLC (DE)~~
~~Certificate of Status/Authorization-Foreign~~
~~Florida~~

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Katrina Forsman
Fulfillment Specialist
Katrina_Forsman@cch-lis.com

FILED

2002 NOV 19 PM 1:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615