

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 FEB -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M 00000000421

1. Limited Liability Company's Name

UITSG, LLC

2. Principal Office Address

6399 Shelby View Drive

Suite, Apt. #, etc.

Suite 115

City & State

Memphis TN

Zip

38134

Country

Shelby

3. Mailing Office Address

6399 Shelby View Drive

Suite, Apt. #, etc.

Suite 115

City & State

Memphis TN

Zip

38134

Country

Shelby

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

3/2/2000

6. FEI Number

58-2517813

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

Corporation Services Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Lynna M. White

REGISTERED AGENT MUST SIGN

Date

1/29/02

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

EEO Denise Desimore

6399 Shelby View Drive Suite 115

Memphis, TN 38134

Maryann Timothy Hewitt

3079 Anderson Road

Green Cove Springs, FL 32043

800004915388--7

-02/13/02--01068--005

*****150.00 *****150.00

REINSTATEMENT

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 dues 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

Denise Desimore

Date

12/18/01

Daytime Phone #

901-380-6840

Typed or printed name of signing Managing Member/Manager

Denise Desimore

CR2E041 (9/01)