

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 12:18

DOCUMENT # M98000000407

1. Limited Liability Company's Name

UTILIAQUEST, LLC

600003454906--7

-11/07/00--01056--011

****150.00 ****150.00

MJH

2. Principal Office Address

500 Northridge Road

Suite, Apt. #, etc.

Suite 300

City & State

Atlanta GA

Zip

30062

Country

Fulton

3. Mailing Office Address

500 Northridge Rd

Suite, Apt. #, etc.

Ste 300

City & State

ATLANTA, GA

Zip

30062

Country

USA

4. State/Country of Formation

GEORGIA

5. Date Organized or Qualified
To Do Business in Florida

4/98

6. FEI Number

58-2379970

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

CT Corporation System

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

1200 South Pine Island Rd

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

Dale W. Morris

DALE W. MORRIS

ASSISTANT VICE PRESIDENT

Date

10/23/2000

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
CEO	N. Allen Robertson	9185 Landing South	Atlanta, GA 30350

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

N. Allen Robertson

Date 10/19/00

Daytime Phone # 678-461-3900

Typed or printed name of signing Managing Member/Manager

N. Allen Robertson

CR2ED41 (9/00)