

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT FLORIDA DEPARTMENT OF STATE

REINSTATEMENT

FILED

1. DOCUMENT # M98000000407

Name and Mailing Address

02 NOV -6 PM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0007334 01 FP 0.352 **PRSR T2 0 0615 30350-331475



UTILIQUEST, LLC
500 NORTHRIDGE ROAD SUITE 300
ATLANTA GA 30350-3314



2. New Mailing Address

City, State, Zip

Principal Place of Business

500 NORTHRIDGE ROAD SUITE 300
ATLANTA GA 30350

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

GA

5. Date Organized or Qualified
To Do Business in Florida

04/27/1998

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

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, do hereby accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

James A. Bordonaro
Assistant Secretary

Date

11/8/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
CEO	KARAM, RATIB	500 NORTHRIDGE ROAD SUITE 300	ATLANTA GA 30350
CFO	O'BRIEN, JOHN	500 NORTHRIDGE ROAD SUITE 300	ATLANTA GA 30350
VP	SATTERFIELD, BUD	500 NORTHRIDGE ROAD SUITE 300	ATLANTA GA 30350

AL

100008832551
11/06/02--01093--007 **150.00

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

Date 10-24-02 Daytime Phone # 678-250-2608

Typed or printed name of signing Managing Member/Manager