

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 NOV -9 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000407

1. Limited Liability Company's Name

UTILIQUEST LLC

2. Principal Office Address

500 NORTHRIDGERD

Suite, Apt. #, etc.

Suite 300

City & State

ATLANTA, GA

Zip

30350

Country

US

3. Mailing Office Address

500 NORTH RIDGE RD

Suite, Apt. #, etc.

Suite 300

City & State

ATLANTA, GA

Zip

30350

Country

US

4. State/Country of Formation

GA

5. Date Organized or Qualified To Do Business in Florida

4/27/98

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 ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

9. I, being appointed the registered agent of the above named limited liability company, accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]
JAMES A. BORDONARO
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

10/28/04

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	JAMAL MASUMI	500 NORTHRIDGE RD, Ste 300	ATLANTA, GA 30350
VP	BUD SATTERFIELD	500 NORTHRIDGE RD, Ste 300	ATLANTA, GA 30350
ASST. TREAS.	MIKE LENIG	500 NORTHRIDGE RD, Ste 300	ATLANTA, GA 30350
REINSTATEMENT			
			300042603183 11/09/04--01080--010 **150.00

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

[Signature]

Date

10/25/04

Daytime Phone#

703-627-702

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)