

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  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

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

Signature of  
Registered Agent

JAMES A. BORDONARO  
ASSISTANT SECRETARY

Date

10/28/04

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles  | Name of<br>Managing Members/Managers | Street Address of Each<br>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.<br>TREAS.                               | MIKE LENIG                           | 500 NORTHRIDGE RD, Ste 300                        | ATLANTA, GA 30350  |
| REINSTATEMENT 84 6A                           |                                      |   |                    |
| 300042603183<br>11/09/04--01060--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

Date

10/25/04 Daytime Phone# 703-627-7029

Typed or printed name of signing Managing Member/Manager