

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 M98000000407

FILED

03 NOV -4 PM 2:55

STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000407
 Name and Mailing Address

0015906 01 MB 0.309 **AUTO T9 0 0615 30350-331475
 UTILIQUEST, LLC
 500 NORTHRIDGE ROAD SUITE 300
 ATLANTA GA 30350-3314



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CR2EQ94 (7/03)

2. New Mailing Address City, State, Zip		4. State/Country of Formation GA	
Principal Place of Business 500 NORTHRIDGE ROAD SUITE 300 ATLANTA GA 30350		5. Date Organized or Qualified To Do Business in Florida 04/27/1998	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 58-2379970	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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) 200024551502 11/10/03--01014--029 **5.00 City FL Zip Code	
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10. 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 *Connie Bryan* **SIGNATURE REQUIRED** **CONNIE BRYAN** **SPECIAL ASSISTANT SECRETARY** Date *11/4/03*
 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	BRYEN, JOHN JORDAN, GARY	500 NORTHRIDGE ROAD SUITE 300	ATLANTA GA 30350
VP	SATTERFIELD, BUD	500 NORTHRIDGE ROAD SUITE 300	ATLANTA GA 30350
REINSTATEMENT 2003 200024551502 11/10/03--01014--029 **150.00			
<i>BK</i>			

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 *[Signature]* **SIGNATURE REQUIRED** Date *10/24/03* Daytime Phone # *678-250-2601*
 Typed or printed name of signing Managing Member/Manager