

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**CORPORATION REINSTATEMENT
INCAT SYSTEMS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,800.00

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Electronic Filing Menu

Corporate Filing Menu

Help

<https://efile.sunbiz.org/scripts/efilcovr.exe>

AUG 09 2012

D. BUTLER

8/9/2012

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG -9 PM 9:17

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001205

1. Corporation Name

Incat Systems, Inc.

2. Principal Office Address - No P.O. Box #

41050 W Eleven Mile Rd

Suite, Apt. #, etc.

City & State

Novi, MI

Zip

48375

Country

USA

3. Mailing Office Address

41050 W Eleven Mile Rd

Suite, Apt. #, etc.

City & State

Novi, MI

Zip

48375

Country

USA

CR25081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida

December 11, 1997

5. FEI Number

38-3384508

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required for a Certificate of Status

7. 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

REINSTATEMENT

05/12

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of
Registered Agent

Rebecca Barch

Date 8/8/12

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Warren Harris	41050 W Eleven Mile Road	Novi, MI 48375 USA
Sec	Vishwanathan Nallepalli	41050 W. Eleven Mile Rd	NOVI, MI 48375

10. E-mail Address: Colleen.Zoll@TataTechnologies.com

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 617.155, F.S.

SIGNATURE:

Vishwanathan Nallepalli, Secretary

7/27/12 4661779

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

AUG 09 2012

08/09/2012 04:20

D. BUTLER

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CT CORPORATION

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