11/5/2013 16:05:06 From: To: 8506176384 (2/2)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001205

1. Corporation Name
Tata Technologies Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
41050 W Eleven Mile Rd		41050 W Eleven Mile Rd	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State: Novi, MI		City & State: Novi, MI	
Zip: 48375	Country: USA	Zip: 48375	Country: USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida: 03/08/2002
5. FEI Number: 38-3384508 — Applied For / Not Applicable
6. CERTIFICATE OF STATUS DESIRED: Yes — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: C T 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

NOV 7 2013
L. SELLERS

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [signature] Ryan N. Kenigsberg, Assistant Secretary — REGISTERED AGENT MUST SIGN Date 11-5-2013

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Secretary	Vishwanathan Nallepalli	41050 W Eleven Mile Rd.	Novi / MI / 48375
COO	Warren Harris	41050 W Eleven Mile Rd	Novi / MI / 48375

REINSTATEMENT 2013

10. E-mail Address: vishwanathan.nallepalli@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.817.155, F.S.

SIGNATURE: [signature] VISHWANATHAN NALLEPALLI 11/5/2013 248-426-1728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

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Florida Department of State

Division of Corporations

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Division of Corporations
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TATA TECHNOLOGIES, INC

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