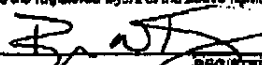
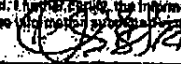


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02 000001205					
1. Corporation Name Tata Technologies Inc.					
2. Principal Office Address - No P.O. Box # 41050 W Eleven Mile Rd			3. Mailing Office Address 41050 W Eleven Mile Rd		
4. State, Apt #, etc. Tata, Apt #, etc.			5. State, Apt #, etc. Tata, Apt #, etc.		
City & State Novi, MI			City & State Novi, MI		
Zip 48375	Country USA	Zip 48375	Country USA	6. Date of Incorporation or Qualification To Do Business in Florida 03/08/2002	
7. Name and Address of Current Registered Agent C.T. Corporation System 1200 South Pine Island Road Pine Island, FL 33324				8. Filing Number 38-3384108	
9. City Plantation				10. Certificate of Status Desired Yes	
11. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0805, 607.0905, F.S. Signature of Registered Agent:  Ryan N. Kenigsberg Assistant Secretary Date: 11-5-2013 REGISTERED AGENT MUST SIGN					
12. Name and Street Address of Each Director and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Director	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					
13. E-mail Address: vishwanathan.nallepalli@tatatechnologies.com					
14. 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 terminated, 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 included 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 on this document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.					
SIGNATURE:		 VISHWANATHAN NALLEPALLI		11/5/2013 248-426-1728	

Division of Corporations

Page 1 of 1

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT
TATA TECHNOLOGIES, INC**

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