PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 JUL 26 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005394

1. Corporation Name
TATA SONS LIMITED

BOMBAY HOUSE, ,
101 PARK AVENUE,

REINSTATEMENT 01-04

2. Principal Office Address	**3.** Mailing Office Address
BOMBAY HOUSE, ,	101 PARK AVENUE,
Suite, Apt. #, etc.: 24 HOMI MODY ST	Suite, Apt. #, etc.: 26TH FL
City & State: MUMBAI, INDIA	City & State: NEW YORK, NY
Zip: 400 001 / Country: INDIA	Zip: 10178 / Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 10/03/1995

5. FEI Number: 980031698 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Aniban Cakrabortty

Street Address (P.O. Box Number is Not Acceptable): Tata Consultancy Services

000039529590
07/26/04--01054--014 **12[illegible]0.00

Suite, Apt. #, Etc.: 1903 S Congress Ave, Ste 380

City: Boynton Beach | State: FL | Zip Code: 33426

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] Date: 07/14/2004
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
Chairm	Tata R.N,	Bombay House, 24 Homi Mody St,	Mumbai, 400 001
Directo	Soonawala N.A.	29 Hampton Court, 7th Fl,	Mumbai 400 005
Directc	Mehta F.A.	8 Somersat House,	Mumbai 400 006
Compa	Subedar F.N.	Wadia Bldg, 6 Babulnath Rd,	Mumbai 400 007
Authori	Audrey C. Mody	101 Park Avenue, 26th Fl	New York, NY 10178

10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: [signature] Audrey C. Mody July 14, 2004 212-557-8038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Signatory.