PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

700024571447
11/10/03--01098--005 **150.00

DOCUMENT # P34476

1. Corporation Name

SYNTEL SYSTEMS, INC.

Principal Place of Business	Mailing Address
525 E BIG BEAVER STE 300 TROY MI 48083 US	525 E BIG BEAVER STE 300 TROY MI 48083 US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/26/1991

5. FEI Number: 38-2312018 ☐ Applied For ☐ Not Applicable

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

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CPCE	DESAI, BHARAT	~~2600 LIVERNOIS ROAD~~ 525 E. Big Beaver #300	TROY MI 48083
~~CFOT~~	~~SANJAY, CHHEDA~~	~~2600 LIVERNOIS RD SUITE 400~~	~~TROY MI 48083~~
CTO	KENJALE, PRAKASH	~~2600 LIVERNOIS ROAD~~ " "	TROY MI 48083
CAOS	MOORE, DANIEL	~~2600 LIVERNOIS ROAD~~ " "	TROY MI 48083
VP	MACKEY, MARLIN	~~2600 LIVERNOIS ROAD~~ " "	TROY MI 48083
VP	SETHI, NEERJA	~~2600 LIVERNOIS ROAD~~ " "	TROY MI 48083

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LEXISNEXIS DOCUMENT SOLUTIONS INC. 1201 HAYS STREET TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State: FL / Zip Code

CR2E040 (7/03)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent SIGNATURE REQUIRED Date

REGISTERED AGENT MUST SIGN

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., 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.

Daniel M. Moore
Chief Administrative Officer

SIGNATURE: SIGNATURE REQUIRED 10/21/03 248-619-3507

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SYNTEL
Consider IT Done®

HEADQUARTERS
525 E. Big Beaver Road
Suite 300
Troy, MI 48083
tel: 248/619-2800
fax: 248/619-2888
www.syntelinc.com

October 28, 2003

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

Concerning: 2003 Corporation Annual Report – P34476

To Whom It May Concern:

Please note that we never received the original form to send in for the 2003 Annual Report. Therefore, when the Application for Reinstatement came in the mail, I called your office to inform you that we had not received the original. I was told to put this information in the form of a letter along with a check for $150.00 (enclosed) and ask that the late fees be waived.

Also would like to notify you that the name on the form is incorrect. The company is Syntel, Inc., not Syntel Systems, Inc. Please make a note of that on your records.

Thank you in advance for any assistance you can give us.

Sincerely,

Sally Mykytiak
Syntel Legal Department
248-619-3507

Encl: (1)