

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. AND

APPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -8 AM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001804

1. Corporation Name

Empower, Inc.

2. Principal Office Address

3343 Peachtree Road NE

3. Mailing Office Address

c/o Intelligroup, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

499 Thornall Street

City & State

Atlanta, GA

City & State

Edison, NJ

Zip
30325

Country
USA

Zip
08837

Country
USA

REINSTATEMENT

CR2E081 (12/05)

04-06 Dec

4. Date Incorporated or Qualified
To Do Business in Florida

4/12/2002

5. FEI Number

38-3329879

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
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1201 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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

H. Wang

REGISTERED AGENT MUST SIGN

Date

11/07/06

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
CEO	Vikram Gulati	c/o Intelligroup, Inc., 499 Thornall Street	Edison, NJ 08837
MD	Marcelo Casas	c/o Intelligroup, Inc., 499 Thornall Street	Edison, NJ 08837
Treasurer	Ramakrishna Karanam	c/o Intelligroup, Inc., 499 Thornall Street	Edison, NJ 08837
Director			
Director			
Director			

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vikram Gulati

10/26/06

Date

732-590-1600

Daytime Phone #