

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 NOV -8 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000003494

1. Corporation Name

Intelligroup, Inc.

2. Principal Office Address

499 Thornall Street

Suite, Apt. #, etc.

City & State

Edison, NJ

Zip

08837

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

04-06 DSC

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

7/10/1996

5. FEI Number

11-2880025

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/7/06

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
CFO	Alok Bajpai	c/o Intelligroup, Inc., 499 Thornall Street	Edison, NJ 08837
Sec'y	Meredith O'Marra	c/o Intelligroup, Inc., 499 Thornall Street	Edison, NJ 08837
Director	Ravi Adusumalli	c/o Intelligroup, Inc., 499 Thornall Street	Edison, NJ 08837
Director	Sandeep Reddy	c/o Intelligroup, Inc., 499 Thornall Street	Edison, NJ 08837
Director	Srinivasa Raju	c/o Intelligroup, Inc., 499 Thornall Street	Edison, NJ 08837

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 #