

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

RECEIVED AND FILED
96 SEP 16 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P33420**

1. Corporation Name
Nokia Inc.

Principal Place of Business Mailing Address
**2300 Valley View Lane, Suite 100
Irving, TX 75062**

600001963446
-10/03/96-01016-005
***375.00 ***07.00

REINSTATEMENT

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 04/01/1991	
Suite, Apt. #, etc.		Suite Apt. #, etc		5. FEI Number 58-1248993	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
C	Rantanen, Paavo	Etelaesplanadi 12 00130	Helsinki PL 226 FIN.
P	Wilska, Kari-Pekka	2300 Valley View Lane, STE 100	Irving, TX 75062
T	Symcox, Matthew	5650 Alliance Gateway	Fort Worth, TX 76178
VP	Nordling, Anne-Berit	12717 Waterman Dr.	Raleigh, NC 27614
VP	Gangemi, Richard	2300 Valley View Ln, Ste 100	Irving, TX 75062
S	Harrell Susan	2300 Valley View Ln, STE 100	Irving, TX 75062

8. Name and Address of Current Registered Agent Hertzberg, Todd F. 6200 Courtney Campbell Cswy., Suite 900 Tampa, Florida 33630		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	
---	--	--	--

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.
Signature of Registered Agent: *Todd F. Hertzberg* REGISTERED AGENT MUST SIGN Date: **9/13/96**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: *Susan Harrell* **Susan Harrell**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **9-9-96** Daytime Phone #: **214-257-9558**