

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

99 DEC 30 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

F90000004858

1. Corporation Name

INTEL, Inc.

Principal Place of Business

Mailing Address

1426 Main Street  
Columbia, SC 29201

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

10-2-1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

57-1054280

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

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
CEO	William B. Timmerman	1426 Main Street, 19th fl	Columbia SC 29201
Pres	John L. Skold s	1426 Main Street 19th fl	Columbia SC 29201
Sr VP + CFO	Kevin B. Marsh	1426 Main Street 19th fl	Columbia SC 29201
Sr VP + Gen Counsel	H. Thomas Arthur	1426 Main Street, 19th fl	Columbia SC 29201
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REINSTATEMENT 18-19 IS

8. Name and Address of Current Registered Agent

CT Corporation  
1200 S. Pine Island Rd  
Plantation, FL 33324

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

Conne Bryan

CONNE BRYAN

Date

12/31/99

REGISTERED AGENT MUST SIGN SECRETARY

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:

H. Thomas Arthur

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

Sr.V.P and General Counsel 803.217-9000

Date

Daytime Phone #