

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 21 AM 9:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000004935

1. Corporation Name

INGRAM MICRO INC.

Principal Place of Business

1600 EAST ST ANDREWS PLACE
SANTA ANA CA 92705

Mailing Address

1600 EAST ST ANDREWS PLACE
SANTA ANA CA 92705

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

09/23/1996

5. FEI Number

62-1644402

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
C	STEAD, JERRE L	1600 ST ANDREWS PLACE	SANTA ANA CA
VD V	DUKES, DAVID R GRAINGER, MICHAEL J	1600 ST ANDREWS PLACE	SANTA ANA CA
PD	RODEK, JEFFREY R	1600 ST ANDREWS PLACE	SANTA ANA CA
VS	ANDERSON JR, JAMES E	4400 HARDING ROAD 1600 ST. ANDREWS PLACE	NASHVILLE TN SANTA ANA CA
V P	ANTONE, DOUGLAS R DUTTA, SANAT K	4700 E ST ANDREW PLACE 1600 ST. ANDREWS PLACE	SANTA ANA CA
S T	GOODMAN, RANDALL L RICKETTS, JAMES F	1600 ST ANDREW PLACE	SANTA ANA CA

8. Name and Address of Current Registered Agent

IT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

200002725532--0

-12/29/98--01087--016

****750.00 ****750.00

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

M. T. FITZPATRICK
REGISTERED AGENT MUST SIGN
M. T. FITZPATRICK, ASST. SECRETARY

Date 12/10/98

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. 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.

SIGNATURE:

SIGNATURE OF OFFICER OR DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #