

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JAN 12 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P12884

1. Corporation Name

NOKIA MOBILE PHONES INC.

Principal Place of Business

6000 CONNECTION DRIVE
IRVING TX 75039
US

Mailing Address

6000 CONNECTION DRIVE
ATTN: ACCOUNTS PAYABLE
IRVING FL 75039
US

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

6000 CONNECTION DR.

ATTN: TAX MANAGER

IRVING TX

75039

US

REINSTATEMENT

99

4. Date Incorporated or Qualified
To Do Business in Florida

01/14/1987

5. FEI Number

59-2763656

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City, State, Zip 4
CD D	ALA-PIETILA, PEKKA OLI-PEKKA KALLASVUO	6000 CONNECTION DRIVE	IRVING TX 75039
PD	WILSKA, KARI-PEKKA	6000 CONNECTION DRIVE	IRVING TX 75039
TS T	SYMCOX, MATTHEW KIRSI SORMUNEN	6000 CONNECTION DRIVE 6000 Connection Drive	IRVING TX 75039
TS S	TERAS, ILKKA PENNY PARKER	6000 CONNECTION DRIVE	IRVING TX 75039
PD V	CHELLGREN, PAUL	6000 CONNECTION DRIVE	IRVING TX 75039
TS S	ALAMAKI, TUOMO RICHARD HUTCHINS	6000 CONNECTION DRIVE	IRVING TX 75039

8. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
NRAI SERVICES, INC.
Street Address (P.O. Box Number is Not Acceptable)
526 EAST PARK AVE
Suite, Apt. #, Etc.

City
TALLAHASSEE
State
FL
Zip Code
32301

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

SIGNATURE OF REGISTERED AGENT

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD W. HUTCHINS, Assistant Secretary

Date

1-10-2000

Daytime Phone #

KE

CR2040 (8/99)