

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

**DOCUMENT # P33420**

1. Corporation Name

Nokia Inc.

Principal Place of Business

Mailing Address

2300 Valley View Lane, Suite 100  
Irving, TX 75062

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/01/1991

5. FEI Number

58-1248993

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
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

B. 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 <b>FL</b>	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

*[Signature]*  
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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-96  
Date

214-257-9558  
Daytime Phone #

**REINSTATEMENT**

96 SEP 16 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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