Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1515

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
OPTIMOS INCORPORATED

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**02**
Estimated Charge	**$1,200.00**

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10 SEP 14 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F04000001471

1. Corporation Name

Optimos, Inc. Optimos Incorporated

REINSTATEMENT 07-10

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
11490 Commerce Park Dr	11490 Commerce Park Dr
Suite, Apt. #, etc. Suite 520	Suite, Apt. #, etc. Suite 520
City & State Reston, VA	City & State Reston, VA
Zip 20191 Country US	Zip 20191 Country US

4. Date Incorporated or Qualified To Do Business in Florida 3/16/2004

5. FEI Number 541691709 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee Required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. *I, being appointed as registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.*

Signature of Registered Agent: Dona L. Priebe, Assistant VP Date: 9-14-10

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Chair	Sanjay Puri	11490 Commerce Park Dr, Ste 520	Reston, VA 20191
Direct	Alex Dean	11490 Commerce Park Dr, Ste 520	Reston, VA 20191
Direct	Toney Anaya	11490 Commerce Park Dr, Ste 520	Reston, VA 20191
Direct	Stan Gutkowski	11490 Commerce Park Dr, Ste 520	Reston, VA 20191
Pr,S,T	Sanjay Puri	11490 Commerce Park Dr, Ste 520	Reston, VA 20191

10. E-mail Address: jzador@optimos.com
(To be used for future annual report notification)

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. I further certify, 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: Chairman/President/Sec/Treasurer 08.30.2010 4886978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

9/14 EJ