

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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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

Electronic Filing Menu

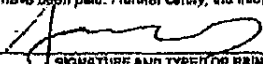
Corporate Filing Menu

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10 SEP 14 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F04000001471					
1. Corporation Name Optimos, Inc. Optimos Incorporated					
2. Principal Office Address - No P.O. Box # 11490 Commerce Park Dr		3. Mailing Office Address 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 ☐ \$0.75 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		
8. I, being appointed the 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)					
Title	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		Date	Daytime Phone #
				08.30.2010	4886978

REINSTATEMENT
CR2E081 (11/09)

07-10

☐ 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.

9/14/10