

# **2011 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000070558

**FILED**  
**Mar 25, 2011**  
**Secretary of State**

**Entity Name:** DELIVERY OPTICAL SERVICES, CORP.

**Current Principal Place of Business:**

5712 SW 19TH STREET  
403  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 65-0323  
MIAMI, FL 33265

**New Mailing Address:**

**FEI Number:** 20-2836066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAVIO, JOSE  
5712 SW 19TH STREET  
403  
MIAMI, FL 33155 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JOSE TAVIO

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TAVIO, JOSE  
Address: 5712 SW 19TH STREET, SUITE 403  
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE TAVIO

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

03/25/2011

\_\_\_\_\_  
Date