


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

DOCUMENT # **F98000002162**

1. Corporation Name
AUTOMATED DRUG DISPENSING SYSTEMS, INC.

Principal Place of Business Mailing Address
 85 RANGWAY RD., STE. 4-B 85 RANGWAY RD., STE. 4-B
 N. BILLERICA MA 01862 N. BILLERICA MA 01862

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

2. New Principal Office Address, if Applicable 267 Boston Road Suite, Apt. #, etc. -Suite-27-	3. New Mailing Office Address, if Applicable 267 Boston Road Suite, Apt. #, etc. Suite 27	4. Date Incorporated or Qualified To Do Business in Florida 04/16/1998
City & State N. Billerica, MA	City & State N. Billerica, MA	5. FEI Number 04-3252233
Zip 01862	Country USA	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$8.75 Additional Fee required for a Certificate of Status	

REINSTATEMENT 2001

FILED
 01 NOV - 1 PM 4:53
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	HART, BRIAN T	85 RANGWAY RD., STE. 4-B 267 Boston Rd., Suite 27	N. BILLERICA MA 01862
DV	BERUBE, ARTHUR A	85 RANGWAY RD., STE. 4-B 267 Boston Rd., Suite 27	N. BILLERICA MA 01862
D	BOGASH, ROBERT O REMOVE	85 RANGWAY RD., STE. 4-B	N. BILLERICA MA 01862
ST	PESCATORE, PAUL E	85 RANGWAY RD., STE. 4-B 267 Boston Rd., Suite 27	N. BILLERICA MA 01862
			000004706040--5 -12/05/01--01052--015 ***750.00 ***150.00

8. Name and Address of Current Registered Agent BREZINSKI, ED -2705 STONE OAK DR. -ORLANDO FL 32837-	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14354 Roxshire Suite, Apt. #, Etc. City Orlando State FL Zip Code 32837
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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 REQUIRED Date 10/24/01
 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 REQUIRED 10/16/01 978/670-1500 ext 102
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/01)