

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P01000115942**

**1. Corporation Name**

**DRUG DELIVERY SYSTEMS, INC.**

**2. Principal Office Address**

**3350 N.W. 22nd Terrace**

**Suite, Apt. #, etc.**

**Suite 500-B**

**City & State**

**Pompano Beach, Florida**

**Zip**

**33069**

**Country**

**USA**

**3. Mailing Office Address**

**Suite, Apt. #, etc.**

**City & State**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**12/07/01**

**5. FEI Number**

**None**

**Applied For**

☒ **Not Applicable**

**6. CERTIFICATE OF STATUS DESIRED ☒**

**7. Name and Address of Current Registered Agent**

**Name**

**Angell Corporate Services, Inc.**

**Street Address (P.O. Box Number is Not Acceptable)**

**One North Clematis Street**

**Suite, Apt. #, Etc.**

**Suite 400**

**City**

**West Palm Beach**

**State**

**FL**

**Zip Code**

**33401**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

**Signature of**

**Registered Agent**

**REGISTERED AGENT MUST SIGN**

**Date**

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

<b>Titles</b>	<b>Name of Officers and/or Directors</b>	<b>Street Address of Each Officer and/or Director</b>	<b>City / State / Zip</b>
P/D	EDWIN CHRISTENSEN	5022 NW 104TH WAY	CORAL SPRINGS FL, 33076
D	PETER WALKSLEY	350 PENSACOLA BEACH BLV. SUITE 313	GULF BREEZE FL, 32562

**500008701915**  
**10/30/02--01085--020 \*\*158.75**

**10. 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.**

**EDWIN CHRISTENSEN**

**SIGNATURE:**

*Edwin Christensen*

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**OCT. 23, 2002**

**Date**

**Daytime Phone #**

**954  
935-9588  
EXT  
507**

*21 11/6/02*



October 28, 2002

ATTN: Reinstatement Department  
Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

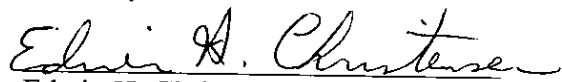
RE: Drug Delivery Systems, Inc. (The "Corporation")  
Corporate #: P01000115942

Dear Sir or Madam:

Enclosed herewith please find the signed Corporation Reinstatement form and a check in the amount of \$158.75, representing the reinstatement fees. As instructed by a representative at the Division of Corporations, this letter is notification that neither the Corporation, nor the registered agent received the 2002 Uniform Business Report, and thus the Corporation was administratively dissolved on October 4, 2002. Please accept this letter as written notification that we would like to reinstate the Corporation at this time and list another registered agent for the Corporation.

If you should have any questions, please do not hesitate to contact me.

Sincerely,

  
Edwin H. Christensen, President