

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

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DOCUMENT # **P09638**

1. Corporation Name

**DRUG TRANSPORT, INC.**

Principal Place of Business

BOX 1678  
 TUCKER GA 30085-8678

Mailing Address

BOX 1678  
 TUCKER GA 30085-8678

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

04/02/1986

5. FEI Number

58-1452791

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status



**REINSTATEMENT**

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
CD	LOCKWOOD, RICHARD S.	485 COVINGTON COVE	ALPHARETTA GA 30201
D	HUDSON, DAVID W.	1830 GHEDWORTH LN 323 RIDGE BROOK TRAIL	STONE MOUNTAIN GA DULUTH, GA 30096
P	LOCKWOOD, RICHARD S. J	485 COVINGTON COVE 5255 WYNTER CREEK WAY	ALPHARETTA GA 30201
ST D	LOCKWOOD, C W	485 COVINGTON COVE 540 S COLLIER BLVD	ALPHARETTA GA MARCO ISLAND FL 33937
AST	RYAN, PATRICK PATRICK T	1664 WALDEN POND RD	SWANEE, GA 30027

8. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. **8000003487778--9**  
 City **FL**  
 -12/05/00--01072--025  
 \*\*\*750.00 \*\*\*750.00

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]*

**SIGNATURE REQUIRED**  
**BRIAN COURTNEY, ASST. V.P.**  
 REGISTERED AGENT MUST SIGN

Date

11/16/2000

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/10/00 678/487-2205  
 Date Daytime Phone #

CR2E040 (8/00)