Division of Corporations

Page 1 of 1

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Florida Department of State

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LIMITED LIABILITY REINSTATEMENT

CVS 4989 FL, L.L.C.

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (6/05)

DOCUMENT # M03000001458

1. Limited Liability Company's Name
CVS 4989 FL, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
One CVS Drive, Legal Dept		same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Woonsocket, Rhode Island		City & State	
Zip: 02895	Country: USA	Zip	Country

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 5/7/03

6. FEI Number: 32-0075038 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Road
Suite, Apt. #, Etc.
City: Plantation State: FL Zip Code: 33324

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: [signature] Special Asst. Secy
REGISTERED AGENT MUST SIGN
Date: 10/25/05

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CVS Pharmacy, Inc.	One CVS Drive	Woonsocket, RI 02895

REINSTATEMENT 2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager: [signature] Date: 10-17-05 Daytime Phone #: 401-770-3565

Typed or printed name of signing Managing Member/Manager: Melanie Luker, Asst. Secretary of Member

FL310 - 9/08/05 CT System Online