FILED

07 SEP 26 AM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 851730

1. Corporation Name

Big B, Inc.

REINSTATEMENT

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
One CVS Drive		One CVS Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		c/o Legal Department	
City & State		City & State	
Woonsocket, RI		Woonsocket, RI	
Zip	Country	Zip	Country
02895	USA	02895	USA

4. Date Incorporated or Qualified To Do Business in Florida: 01/29/1982

5. FEI Number: 630632551 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. 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

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: [signature] Kristen Betzger Vice President 9/18/07

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	Zenon P. Lamkowsky	One CVS Drive	Woonsocket, RI 02895
DS	Thomas S Moffat	One CVS Drive	Woonsocket, RI 02895
AS	Melanie K. Luker	One CVS Drive	Woonsocket, RI 02895
AS	Linda M Cimbron	One CVS Drive	Woonsocket, RI 02895

10. I certify that I am an officer or director of 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 contained in Chapter 119, 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] Thomas Moffat 9/25/07 401-765-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Secretary — Date — Daytime Phone #

FL010 - 1/1/2007 CT System Online

B. Mitchell SEP 25 2007

10/01/2007 10:22 8508785926 CT CORPORATION SYSTM PAGE 03/03

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000240393 3)))

H07000240393 3ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

617-6384

To:
Division of Corporations
Fax Number : (850)205-0384

NO-SUBMIT
Please retain original filing
Date of submission 9/26/07

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

CORPORATION REINSTATEMENT

BIG B, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02 3
Estimated Charge	~~$750.00~~

150.00

Electronic Filing Menu Corporate Filing Menu Help