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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 # F94000005946 | | | | | |
| 1. Corporation Name Big B Drugs, Inc. | | | | | |
| 2. Principal Office Address - No P.O. Box # One CVS Drive | | | 3. Mailing Office Address One CVS Drive | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State Woonsocket, RI | | | City & State Woonsocket, RI | | |
| Zip 02895 | Country USA | Zip 02895 | Country USA | 4. Date incorporated or Qualified To Do Business in Florida 11/17/1994 | |
| 5. FEI Number 580515338 | | | | Applied For Not Applicable | |
| 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 | |
| 8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0603, F.S. | | | | | |
| Signature of Registered Agent  | | | Name Kristen Betzger Vice President | | |
| Date 9/18/07 | | | | | |
| 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 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 reasons for dissolution have 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:  | | | Name Thomas Moffat Secretary | | |
| Date 9/25/07 | | | Telephone # 401-765-1500 | | |

REINSTATEMENT 07 RES

CR2E081 (1/07)

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.

FL-810 - 01/07 CT System Online

Florida Department of State
Division of Corporations
Public Access System

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

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

CORPORATION REINSTATEMENT

BIG B DRUGS, INC.

| | |
|-----------------------|-----------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$750.00- |

150.00

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