


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2001 SEP 26 P 3: 28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> <u>LO2000014021</u>			
1. Limited Liability Company's Name <u>CVS 2829 FL, L.L.C.</u>			
2. Principal Office Address - No P.O. Box # <u>One CVS Drive</u> Subn. Apt. #, etc.		3. Mailing Office Address Subn. Apt. #, etc.	
City & State <u>Woonsocket, RI</u>		City & State	
Zip <u>02895</u>	Country <u>USA</u>	Zip	Country
4. State/Country of Formation <u>FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>06/07/2002</u>	
6. FEI Number <u>200000498</u>		Applied For <input type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			
8. Name and Address of Current Registered Agent Name <u>CT Corporation System</u> Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u> Subn. Apt. #, Etc. City <u>Plantation</u>		State <u>FL</u> Zip Code <u>33324</u>	
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 <u>Kristen Betzger</u> <u>Vice President</u> <u>9/18/07</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title <u>MGRM</u>	Name of Managing Member/Manager <u>CVS Pharmacy, Inc.</u>	Street Address of Each Managing Member/Manager <u>One CVS Drive</u>	City / State / Zip <u>Woonsocket, RI 02895</u>
<b>REINSTATEMENT 07</b> <b>AL</b>			
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 608.405, 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 <u>Thomas Moffat</u> Date <u>9/25/07</u> Daytime Phone # <u>407-765-1500</u> Typed or printed name of signing Managing Member/Manager <u>Thomas Moffat, secretary of managing member</u>			

CR2ED41 (1/07)

A \$100 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 \$100 reinstatement be waived.

**L020000014021**

Florida Department of State  
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**LIMITED LIABILITY REINSTATEMENT**

CVS 2829 FL, L.L.C.

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