L04000035536

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.

(((H07000240386 3)))

H07000240386 3ABC/

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

To:
Division of Corporations
Fax Number : (850)205-0383

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

RECEIVED
07 SEP 26 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY REINSTATEMENT

EXPRESS PHARMACY SERVICES OF FL, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	~~$150.00~~

* 50.00

FILED
07 SEP 26 AM 8:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu Help

09/26/2007 16:09 8508785926 CT CORPORATION SYSTM PAGE 01/02
Hampton SEP 27 2007

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 SEP 26 AM 8:48

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name
Express Pharmacy Services of FL, L.L.C.

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

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 05/10/2004

6. FEI Number: 201139086 ☐ 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

☒ 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.

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

Signature of Registered Agent: [signature] Kristen Betzger Vice President Date: 9/18/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	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

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 608.408, 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: 9/25/07 Daytime Phone #: 401-765-1500

Typed or printed name of signing Managing Member/Manager: Thomas Moffat, secretary of managing member

FL110 - 1/13/07 CT System Online