

M02000001318

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.

((H05000226457 3)))

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 23 AM 9:53

RECEIVED

05 SEP 23 AM 8:51

DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

SCP 2005C-C20-007 LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu


Corporate Filing

Public Access Help

FILED
SECRETARY OF STA.
DIVISION OF CORPORAT

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

05 SEP 23 AM 9:1

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M02000001318					
1. Limited Liability Company's Name SCP 2005C-C20-007 LLC					
2. Principal Office Address One CVS Drive Suite, Apt. #, etc.		3. Mailing Office Address One CVS Drive Suite, Apt. #, etc.		4. State/Country of Formation Delaware	
City & State Woonsocket, RI		City & State Woonsocket, RI		5. Date Organized or Qualified To Do Business in Florida 5/23/02	
Zip 02895	Country USA	Zip 02895	Country USA	6. FEI Number 010714426	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>					

CR2E041 (8/05)

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 Connie Bryan **CONNIE BRYAN**
REGISTERED AGENT MUST SIGN **SPECIAL ASSISTANT SECRETARY** Date 9/23/2005

10. Name and Street Address of Managing Member/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	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 meets the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. This 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 Melanie Luker Date 9/22/05 Daytime Phone # 401-770-3565

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