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Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

CVS 5815 FL, L.L.C.

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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # MO2000001458
 1. Limited Liability Company's Name
 CVS 5815 FL, L.L.C.

CR2E041 (8/05)

2. Principal Office Address One CVS Drive, Legal Dept Suite, Apt. #, etc.		3. Mailing Office Address same Suite, Apt. #, etc.	
City & State Woonsocket, Rhode Island		City & State	
Zip 02895	Country USA	Zip	Country

4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 7/15/02	
6. FEI Number 38-3657896	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

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 Lynn Small Asst. Secy Date 10/25/05
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CVS Pharmacy, Inc.	One CVS Drive	Woonsocket, RI 02895

REINSTATEMENT 2005

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 Melanie Luker Date 10-17-05 Daytime Phone# 401-770-3565
 Typed or printed name of signing Managing Member/Manager Melanie Luker, Asst. Secretary of Member