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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 NOV 18 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02000003087

CR2E041 (8/05)

1. Limited Liability Company's Name

SCP 2003D-10 LLC

2. Principal Office Address		3. Mailing Office Address	
One CVS Drive		One CVS Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Woonsocket, RI		Woonsocket, RI	
Zip	Country	Zip	Country
02895	USA	02895	USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 11/21/2002

6. FEI Number: 04-3657574 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.

Suite, Apt. #, Etc.:

City: Plantation — State: FL — Zip Code: 33311

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 Boyer Special Asst. Secy. — Date: 11/18/05

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
MGR	Robert A. Kathary, Jr.	P.O. Box 590	Sewickley, PA 15143
MGR	Gary L. Miller	P.O. Box 590	Sewickley, PA 15143
MGR	R.A.K. Management, Inc.	P.O. Box 590	Sewickley, PA 15143

REINSTATEMENT 2004-2005

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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 the 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: 11/17/05 — Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Robert A. Kathary, Jr.

FL LLC - Reinstate CT System Online