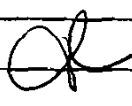


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>M06000006924</u>			
1. Limited Liability Company's Name CVS 4155 FL, L.L.C.			
2. Principal Office Address - No P.O. Box # One CVS Drive Suite, Apt. #, etc. City & State Woonsocket, RI Zip 02895		3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country USA	
4. State/Country of Formation DE		5. Date Organized or Qualified To Do Business in Florida 12/13/2006	
6. FEI Number none		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		9. 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.	
10. Signature of Registered Agent <u>Kristen Betzger</u> REGISTERED AGENT MUST SIGN		11. Signature of Managing Member/Manager <u>Thomas Moffat</u> Date <u>9/18/07</u> Daytime Phone # <u>401-765-1500</u>	
12. Names and Street Addresses of Managing Members/Managers			
Titles	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
REINSTATEMENT 07			
			
13. 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 608.406, 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>401-765-1500</u>			
Typed or printed name of signing Managing Member/Manager: <u>Thomas Moffat, Secretary of managing member</u>			

FL110 - U1107 CT System Outlets

Florida Department of State
Division of Corporations
Public Access System

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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.

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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

LIMITED LIABILITY REINSTATEMENT

CVS 4155 FL, LLC

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

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Waived)

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