PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M06000006926

1. Limited Liability Company's Name
CVS 4155 FL, L.L.C.

CR2E041 (1/07)

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: 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 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, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent: Kristen Betzgel Vice Presider Date: 9/18/07

REGISTERED AGENT MUST SIGN

10. 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

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: 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 - 1/1/07 CT System Online

Florida Department of State

Division of Corporations
Public Access System

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

From:
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LIMITED LIABILITY REINSTATEMENT

CVS 4155 FL, LLC

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

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$ 50.00

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