

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 16 AM 11:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P 99000069990**

1. Corporation Name

Federal Highway ProCare Pharmacy, Inc.

2. Principal Office Address
One CVS Drive

3. Mailing Office Address
same

Suite, Apt. #, etc.
Legal Department

Suite, Apt. #, etc.

City & State
Woonsocket RI

City & State

Zip
02895

Country
Providence

Zip
Country

4. Date Incorporated or Qualified
To Do Business in Florida 8/6/1999

5. FEI Number
65-0948817

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code
33324

100003436171--6
-10/24/00--01019--005
****750.00 ****750.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Connie Bryan

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY
REGISTERED AGENT MUST SIGN

Date 10/16/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Thomas M. Ryan	One CVS Drive	Woonsocket RI 02895
P/D	Dennis C. Burton	same	
VP/S/D	Zenon P. Lankowsky	same	
D	Larry J. Zigerelli	same	
T	Larry Solberg	same	
AS	Melanie K. Luker	same	KE

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Melanie K. Luker

Melanie K. Luker, Assistant Secy

10/13/00

401-770-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #