

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : PCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

CORPORATION REINSTATEMENT

ECKERD CORPORATION OF FLORIDA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00

Waiving Late Fees

450.⁰⁰

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CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED FEB 13 PM 3:36 REINSTATEMENT 07-09

DOCUMENT # S85129

1. Corporation Name Eckerd Corporation of Florida, Inc.

2. Principal Office Address - No P.O. Box # One CVS Drive
3. Mailing Office Address same
Suite, Apt. #, etc.
Legal Department
City & State Woonsocket RI
Zip 02895 Country USA

4. Date Incorporated or Qualified To Do Business in Florida 10/7/1991
5. FEI Number 59-3102662
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 South Pine Island Road
City Plantation State FL Zip Code 33324

The 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 reinstatement fee be waived.

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 Kristen Betzger Date 2/13/09
REGISTERED AGENT MUST SIGN Vice President

Table with 4 columns: Title, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Rows include Zenon P. Lankowsky, Thomas S. Moffatt, and Melanie K. Luker.

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 contained in Chapter 119, 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 Date: 2-10-09 Daytime Phone #: 401-765-1500