# 850632

**100253655021**

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

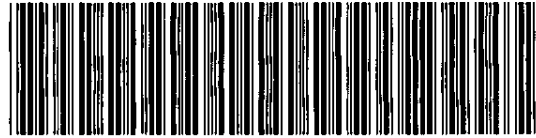☐ PICK-UP     ☐ WAIT     ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____    Certificates of Status _____

Special Instructions to Filing Officer:

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RECEIVED
DEPARTMENT OF STATE
13 DEC 11 PM 4:27

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
13 DEC 11 AM 9:53

*Withdrawal*

DEC 12 2013

T. CARTER

**CSC**

CORPORATION SERVICE COMPANY

ACCOUNT NO.    :    I20000000195

REFERENCE    :    914150        4304335

AUTHORIZATION    :    _[signature]_

COST LIMIT    :    $ 35.00

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ORDER DATE :   December 9, 2013

ORDER TIME :   3:02 PM          **PLEASE FILE FIRST**

ORDER NO.  :   914150-035      _Entity converted in De._

CUSTOMER NO:   4304335

---

FOREIGN FILINGS

NAME:      MAIDENFORM, INC.

XX____ CORPORATE
_____ LIMITED PARTNERSHIP
_____ LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF STATUS

CONTACT PERSON:  Susie Knight - EXT# 52956

EXAMINER: _____

13 DEC 11 AM 9: 53

# APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA

Maidenform, Inc.
_____
(Name of Corporation)

850632
_____
(Document Number of Corporation (if known))

New York
_____
(Incorporated Under Laws of)

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

1000 East Hanes Mill Road
_____
(Mailing Address)

Winston-Salem, NC 27105
_____
(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.

V Piekarski .                                        12/4/13
_____          _____
(Signature of a director, president or other officer - if in the hands of a          (Date)
receiver or other court appointed fiduciary, by that fiduciary)

Virginia A. Piekarski                                Vice President and Secretary
_____          _____
(Typed or printed name of person signing)            (Title of person signing)

**FILING FEE $35**