PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

APPROVED AND FILED
99 DEC 13 PM 2:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P17048

1. Corporation Name
Mothers Work, Inc.

W99-28409

Principal Place of Business
456 North 5th Street
Philadelphia, PA 19123-4007

Mailing Address
1013 Centre Road
Wilmington, DE 19805
c/o CSC - Maryann Martone

800003097018--2
-01/13/00--01012--007
****750.00 ****750.00
98-99

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	1013 Centre Road
City & State		City & State	Wilmington, DE
Zip	Country	Zip	Country
		19805	USA

4. Date Incorporated or Qualified To Do Business in Florida: 12-9-87

5. FEI Number: 13-3045573 ☐ Applied For ☐ Not Applicable

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

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

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Director Chairman CEO, Sec	Dan W. Matthias	456 N. 5th Street	Philadelphia, PA 19123
Director Pres. COO	Rebecca Matthias	456 N. 5th Street	Philadelphia, PA 19123
Director CFO VP-Finance	Thomas Frank	456 N. 5th Street	Philadelphia, PA 19123

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****150.00 ****150.00
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REINSTATEMENT

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
	Name: Corporation Service Company
	Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
	Suite, Apt. #, Etc.:
	City: Tallahassee; State: FL; Zip Code: 32301

CR2E081 (12/98)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: Laura R. Dietz — Date: 12/13/99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: [signature] CFO — 11/29/99 — 215 873 2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #