PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

01 FEB 27 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

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

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DOCUMENT # P 94000083279

1. Corporation Name
Mother's Milk, Inc.
1900 South Andrews Avenue
Fort Lauderdale, FL 33316

2. Principal Office Address	3. Mailing Office Address
1900 South Andrews Avenue	1900 South Andrews Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL 33316	City & State: Fort Lauderdale, FL 33316
Zip: 33316 Country: USA	Zip: 33316 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 11/10/94

5. FEI Number: 65-0539969 ☐ 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: John Robichaud

Street Address (P.O. Box Number is Not Acceptable): 1900 South Andrews Avenue

Suite, Apt. #, Etc.:

City: Fort Lauderdale State: FL Zip Code: 33316

8. I, being appointed the registered agent of the above named corporation, affirm that I will comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature of Registered Agent _____ Date 2-26-01

REGISTERED AGENT MUST SIGN

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.P.	John Robichaud	1900 South Andrews Avenue	Fort Lauderdale, FL 33316
D.V.	Suzannah Ludlow	1900 South Andrews Avenue	Fort Lauderdale, FL 33316

REINSTATEMENT 98-2001

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: _____ 2-26-01 954-527-1222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

2/27