PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 26 PM 1:18

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03/26/09--01020--014 **450.00

REINSTATEMENT 07-09 KS

DOCUMENT # F00000000006

1. Corporation Name

AXA DISTRIBUTION HOLDING CORPORATION

2. Principal Office Address - No P.O. Box #	**3.** Mailing Office Address
1290 AVE OF THE AMERICAS	1290 AVE OF THE AMERICAS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK, NEW YORK	City & State: NEW YORK, NEW YORK
Zip: 10104 Country: USA	Zip: 10104 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 1/3/2000

5. FEI Number: 13-4078005 ☐ 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 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

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 [illegible] Section 607.0503, F.S.

Signature of Registered Agent: JoAnne McCarthy — REGISTERED AGENT MUST SIGN

Joanne McCarthy
Vice President
2/11/09

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
DIR	CHRISTOPHER M. CONDRON	1290 AVE OF THE AMERICAS	NEW YORK, NEW YORK 10104
DIR	RICHARD V. SILVER	1290 AVE OF THE AMERICAS	NEW YORK, NEW YORK 10104
CEO	CHRISTOPHER M. CONDRON	1290 AVE OF THE AMERICAS	NEW YORK, NEW YORK 10104
CFO	RICHARD DZIADZIO	1290 AVE OF THE AMERICAS	NEW YORK, NEW YORK 10104
TRES	KEVIN R. BYRNE	1290 AVE OF THE AMERICAS	NEW YORK, NEW YORK 10104
SECY	KAREN FIELD HAZIN	1290 AVE OF THE AMERICAS	NEW YORK, NEW YORK 10104

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: _____ 3/5/09 212-314-4346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #