PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 NOV -1 PM 2:22

CR2EC91 (12/10)

DOCUMENT # 804890

1. Corporation Name

MONY LIFE INSURANCE COMPANY

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

4. Date Incorporated or Qualified To Do Business in Florida: 4/6/1938

5. FEI Number: 131632487 ☐ 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: 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

800253448238

**REINSTATEMENT**

NOV 01 2013

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Sue G. Knight Assistant Vice President Date: 11-1-13 R. HUNT

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 |
|---|---|---|---|
| CEO | Mark Pearson | 1290 Avenue of the Americas | New York, NY 10104 |
| Pres | Andrew McMahon | 1290 Avenue of the Americas | New York, NY 10104 |
| Tres | Joshua Braverman | 1290 Avenue of the Americas | New York, NY 10104 |
| CFO | Anders Malmstrom | 1290 Avenue of the Americas | New York, NY 10104 |
| Sec. | Karen Field Hazin | 1290 Avenue of the Americas | New York, NY 10104 |
| A-Sec. | Francesca Divone | 1290 Avenue of the Americas | New York, NY 10104 |

10. **E-mail Address:** Fabrizzio.Chaves@axa-equitable.com
(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**SIGNATURE:** FRANCESCA DIVONE 9/12/2013 212 314 3838

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

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 868273 7524231

AUTHORIZATION :

COST LIMIT : $ 750.00

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ORDER DATE : November 1, 2013

ORDER TIME : 11:42 AM

ORDER NO. : 868273-005

CUSTOMER NO: 7524231

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RECEIVED
13 NOV -1 PM 1:57
DEPARTMENT OF STATE

REINSTATEMENT

NAME: MONY LIFE INSURANCE COMPANY

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

NOV 0 1 2013

EXAMINER'S INITIALS R. HUNT