

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 804942**

1. Corporation Name

**CAPITAL MARKETS ASSURANCE CORPORATION**

Principal Place of Business

Mailing Address

~~885 THIRD AVE  
14TH FLOOR  
NEW YORK NY 10022~~

~~885 THIRD AVE  
14TH FLOOR  
NEW YORK NY 10022~~

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

2. New Principal Office Address, if Applicable  
**113 King Street**

3. New Mailing Office Address, if Applicable  
**113 King Street**

Suite, Apt. #, etc.  
**Attn: Barbara Edelmann**

Suite, Apt. #, etc.  
**Attn: Barbara Edelmann**

City & State  
**Armonk, NY**

City & State  
**Armonk, NY**

Zip  
**10504**

Country  
**USA**

Zip  
**10504**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**09/02/1938**

5. FEI Number

**13-5165865**

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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
P	CAOQUETTE, JOHN B.	<del>885 THIRD AVE 14TH FL</del> 113 King Street	<del>NEW YORK NY</del> Armonk, NY 10504
MDX SEVP	<del>PARKER, PARK</del> ELLIOTT, DAVID H.	<del>885 THIRD AVE 14TH FLOOR</del> 113 King Street	<del>NEW YORK NY</del> Armonk, NY 10504
MDX CFO	<del>WERTHEIM, RAND</del> TEHRANI, JULIETTE	<del>885 THIRD AVE 14TH FL</del> 113 King Street	<del>NEW YORK NY</del> Armonk, NY 10504
<del>VP XXXX</del> GC/S	<del>BAKER, LILLY</del> LENZI, LOUIS G.	<del>885 THIRD AVE 14TH FL</del> 113 King Street	<del>NEW YORK NY</del> Armonk, NY 10504
100002705711-5			
12/08/98 01024 007			
****750.00 ****750.00			

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL BLDG.  
TALLAHASSEE FL 32304

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

**FL**

Zip Code

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

**SIGNATURE REQUIRED**

Date

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**11-17-98**

Daytime Phone #

**914-765-3920**

APPROVED  
AND  
FILED

98 NOV 23 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT**

*98*

CR2E040 (6/98)