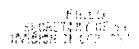
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS



17 MAR 27 AM 9: 38

DOCU	MENT:	# 827221
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1 Corporation Name

Ambac Assurance Corporation			02,7	16/17010050	1361 03 **750.00		
2. Principal	Principal Office Address - No P.O. Box # 3. Mailing Office Address		dress				
One State Street Plaza One S		One State S	Street Plaza		ODOTO 0 11 11 11 11 11 11 11 11 11 11 11 11 1		
Suite, Apt. #,	, el¢.	Suite, Apt, #, etc.			CR2E081 (11/10))	
					porated or Qualified mess in Florida 12/	22/71	
City & State	Waste Nous Vork	City & State			5 FEI Number Appli		
	/ York, New York	New York, I	New York	39-11	135174	Not Applicable	
Zip 1000	Country 04 USA	10004	USA	6. CERTIFICAT	TE OF STATUS DESIRED⊠ \$8	.75 Additional Fee required for a Certificate of Status	
		s of Current Registered A		1			
Name	esta of Florida, Chiof Fina	noial Officer		7			
	ate of Florida, Chief Finar less (P.O. Box Number is Not Acceptal						
	00 East Gaines Street			05.5			
Suite, Apt #	⊭, Etc.						
City	City Tallahassee FL			-			
8. I, being :	appointed the registered agent of the a	above named corporation, :	am familiar with and accept the	e obligations of secti	ion 607.0505 or 617.0503, F.	s.	
Signature of					Date		
Registered A	sgent	REGISTERED AGENT M	UST SIGN		Date		
9. Names	and Street Addresses of Each Officer	and/or Director (Florida no	nprofit corporations must list a	t least 3 directors)			
Titles	Name of Officers and/or Direct	ors	Street Address of Ea Officer and/or Direct		City / St	ate / Zip	
	Claude LeBlanc Pres & CEO		One State Street i	Piaza	New York, N.Y	′. 10004	
	David Trick CFO & Treasurer		One State Street I	Plaza	New York, N.	Y. 10004	
	Stephen M. Ksenak Senior M.D. & Gen'l Counsel William J. White		One State Street Plaza		New York, N.	Y. 10004	
			One State Street Plaza		New York, N.	-	
 	Corporate Secretar		<u> </u>				
 		REINST	ATEME	A.L.	MAR 2 7 201	7	
		20	27-201	<u>`</u>	مياسمد ممال	MS	
10. F.mai	il Address: bzungu@	@ambac.com					

(To be used for future annual report notification)

I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in diapter 507 or 517, F.S. I further certify that when fling 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 2 made under each. 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:	Dry Percy		
	SIGNATURE AND	TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

02/08/17 212-208-3128 Date Daytime Phone #