

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 NOV -8 PM 2:22

DOCUMENT # F01000003243

1. Corporation Name

AXA CORPORATE SOLUTIONS LIFE REINSURANCE COMPANY

2. Principal Office Address - No P.O. Box #

1290 AVENUE OF THE AMERICAS

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10104

Country

USA

3. Mailing Office Address

1290 AVENUE OF THE AMERICAS

Suite, Apt. #, etc.

City & State

NEW YORK, NY

Zip

10104

Country

USA

000253698930

CR3001 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

6/14/2001

5. FEI Number

042729166

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

CHIEF FINANCIAL OFFICER

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

P O BOX 6200 (32314-6200)

Suite, Apt. #, Etc.

200 E. GAINES ST

City

TALLAHASSEE

State

FL

Zip Code

32399

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

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	Joshua Braverman	1290 Avenue of the Americas	New York, NY 10104
CFO	Joshua Braverman	1290 Avenue of the Americas	New York, NY 10104
VP	Darryl Gibbs	1290 Avenue of the Americas	New York, NY 10104
Sec.	Denise Tedeschi	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 FRANCESCA DIVONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/7/13

Date

212 314 3838

Daytime Phone #

pg 11/8/13