PLEASE READ ~~ALL~~ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 AUG 20 PM 2:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8/14/08 01038 005 -$1200.00

DOCUMENT # P03070

1. Corporation Name
AXA LIFE AND ANNUITY COMPANY

REINSTATEMENT

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
1675 BROADWAY		1290 AVENUE OF THE AMERICAS	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 1700		ATTN: S. STERLING	
City & State		City & State	
DENVER, CO		NEW YORK, NY	
Zip	Country	Zip	Country
80202	USA	10104	USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/16/1984

5. FEI Number: 13-3198083 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DONALD WOLGAST
Street Address (P.O. Box Number is Not Acceptable): 9130 DADELAND BLVD
Suite, Apt. #, Etc.: SUITE 1400
City: MIAMI State: FL Zip Code: 33156

☐ 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 and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Donald Wolgast Date: 8-20-08
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
CEO COB	CHRISTOPHER M. CONDRON	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
VP, S AG	KAREN FIELD HAZIN	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
EVP CFO	RICHARD DZIADZIO	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
SVP	HARVEY BLITZ	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
D	RICHARD V. SILVER	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104
SVP T	KEVIN R. BYRNE	1290 AVENUE OF THE AMERICAS	NEW YORK, NY 10104

10. I certify that I am an officer or director of 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: Karen Field Hazin 8/8/08 212-314-4346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #