PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 AUG 21 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # 850269

1. Corporation Name

Harbor Specialty Insurance Company

2. Principal Office Address - No P.O. Box #
36 Corbett Way
Suite, Apt. #, etc.
City & State
Eatontown, New Jersey
Zip 07724
Country USA

3. Mailing Office Address
Same as Principal Office Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. Date Incorporated or Qualified To Do Business in Florida
Incorporated in GA in 1981, redomesticated in NJ in 1995

5. FEI Number 58-1438724 — 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)
200 E. GAINES ST
Suite, Apt. #, Etc.
City TALLAHASSEE
State FL
Zip Code 32399

200283557742
08/21/14--01020--031 **1600.00

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 N/A
REGISTERED AGENT MUST SIGN
Date

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
President	James V. Gorman	36 Corbett Way	Eatontown, New Jersey 07724
Secretary	Douglas C. Gorman	36 Corbett Way	Eatontown, New Jersey 07724
Treasurer	Jason A. Teret	36 Corbett Way	Eatontown, New Jersey 07724
	AUG 2 6 2014		
	L. SELLERS	REINSTATEMENT 07-14	

10. **E-mail Address:** jason.teret@api-nj.com or mark.heid@api-nj.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: Jason Teret — 8/20/14 — 848 208 2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #