

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

14 OCT 30 AM 8:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P09000000948

1. Corporation Name

CastlePoint Florida Insurance Company

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
59 Maiden Lane.		59 Maiden Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
38th Floor		38th Floor	
City & State		City & State	
New York, NY		New York, NY	
Zip	Country	Zip	Country
10038	USA	10038	USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
 1/6/2009

5. FEI Number
 26-3909921

Applied For	Not Applicable
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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

000266033400

8. I, being appointed the registered agent of the above named corporation, am familiar with and do not have obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Judith Reyes **Judith Reyes** Assistant Secretary Date 10/30/14
 REGISTERED AGENT MUST SIGN

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

Times	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
	List attached.		

REINSTATEMENT

OCT 30 2014

R. HUNT

10. E-mail Address: Meghan.Zeigler@ngic.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: Meghan Zeigler Meghan Zeigler, Assistant Secretary Date 10/29/14 (212) 430-0040
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addendum to Item 9
CastlePoint Florida Insurance Company

9. Names and Street Addresses of Each Officer and/or Director

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Director President/Treasurer	William E. Hitzelberger	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Michael Karfunkel	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Herbert Lemmer	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Jon L. Shebel	c/o 59 Maiden Ln., 38 th Fl.	New York, NY 10038
Director	Stephen Ungar	59 Maiden Ln., 43 rd Fl.	New York, NY 10038
Secretary	Robert M. Karfunkel	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Vice President	Brian W. Finkelstein	59 Maiden Ln., 38 th Fl.	New York, NY 10038
Assistant Secretary	Meghan Zeigler	59 Maiden Ln., 38 th Fl.	New York, NY 10038

OCT 30 2014

R. HUNT



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 357884 7962773
AUTHORIZATION :
COST LIMIT : \$750.00

ORDER DATE : October 30, 2014
ORDER TIME : 3:23 PM
ORDER NO. : 357884-010
CUSTOMER NO: 7962773

DOMESTIC FILINGS

NAME: CASTLEPOINT FLORIDA INSURANCE COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Golomb - Ext# 62059 OCT 30 2014

EXAMINER'S INITIALS R. HUNT

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 OCT 30 PM 4:25
TO AGONY WOODRUFF
SUFFICIENCY OF FILING