

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FD-320

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

14 OCT 30 AM 8:29

SECRETARY OF STATE  
PAUL AMASSER, GOVERNOR

DOCUMENT # P40558

1. Corporation Name

CastlePoint National Insurance Company

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

59 Maiden Lane

Suite, Apt. #, etc.

38th Floor

City & State

New York, NY

Zip

10038

Country

USA

3. Mailing Office Address

59 Maiden Lane

Suite, Apt. #, etc.

38th Floor

City & State

New York, NY

Zip

10038

Country

USA

CR2E081 (11/10)

4. Date Incorporated or Qualified  
To Do Business in Florida

9/21/1992

5. FEI Number

23-2182777

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

300266033393

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

*Judith Reyes*

Judith Reyes

Assistant Secretary

REGISTERED AGENT MUST SIGN

Date

10/30/14

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
	List attached.		
	<b>REINSTATEMENT</b>		
			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

10/29/14

(212) 430-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DEPT. PHONE #

Addendum to Item 9  
CastlePoint National 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. Hitselberger	59 Maiden Ln., 38 <sup>th</sup> Fl.	New York, NY 10038
Director	Michael Karfunkel	59 Maiden Ln., 38 <sup>th</sup> Fl.	New York, NY 10038
Director Secretary	Robert M. Karfunkel	59 Maiden Ln., 38 <sup>th</sup> Fl.	New York, NY 10038
Director	Jon L. Shebel	c/o 59 Maiden Ln., 38 <sup>th</sup> Fl.	New York, NY 10038
Director	Eli Tisser	c/o 59 Maiden Ln., 38 <sup>th</sup> Fl.	New York, NY 10038
Director	Stephen Ungar	59 Maiden Ln., 43 <sup>rd</sup> Fl.	New York, NY 10038
Vice President	Brian Finkelstein	59 Maiden Ln., 38 <sup>th</sup> Fl.	New York, NY 10038
Assistant Secretary	Meghan Zeigler	59 Maiden Ln., 38 <sup>th</sup> Fl.	New York, NY 10038



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 357884 7962773

AUTHORIZATION :

*Lyndee*

COST LIMIT : \$ 750.00

ORDER DATE : October 30, 2014

ORDER TIME : 3:21 PM

ORDER NO. : 357884-005

CUSTOMER NO: 7962773

REINSTATEMENT

NAME: CASTLEPOINT NATIONAL INSURANCE COMPANY

RECEIVED  
DEPARTMENT OF STATE  
OFFICE OF REGISTRATION  
2014 OCT 30 PM 4:25  
TOLSON  
FEDERAL BUREAU OF INVESTIGATION  
SUPERVISOR OF FINANCIAL INSTITUTIONS

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX            PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS

OCT 30 2014

R. HUNT