

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

14 OCT 30 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08000092371

1. Corporation Name

CastlePoint Risk Management of Florida, Corp.

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

10/10/2008

5. FET Number

94-3447087

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

OCT 30 2014

R. HUNT

600266033366

REINSTATEMENT

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

Meghan Zeigler

REGISTERED AGENT MUST SIGN

Date

10/30/2014

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
DPT	William E. Hitselberger	59 Maiden Ln., 38th Floor	New York, NY 10038
D	Herbert J. Lemmer	59 Maiden Ln., 38th Floor	New York, NY 10038
DV	Brian W. Finkelstein	59 Maiden Ln., 38th Floor	New York, NY 10038
S	Robert M. Karfunkel	59 Maiden Ln., 38th Floor	New York, NY 10038
AS	Meghan Zeigler	59 Maiden Ln., 38th Floor	New York, NY 10038

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

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 357884 7962773

AUTHORIZATION

COST LIMIT : \$ 750.00

ORDER DATE : October 30, 2014

ORDER TIME : 3:49 PM

ORDER NO. : 357884-020

CUSTOMER NO: 7962773

DOMESTIC FILINGS

NAME: CASTLEPOINT RISK MANAGEMENT
OF FLORIDA, CORP.

TO ALACHUA COUNTY
SUFFICIENCY OF FILING

2014 OCT 30 PM 4:26

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935 OCT 30 2014

EXAMINER'S INITIALS R. HUNT