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

CR2E081 (11/10)

DOCUMENT # P08000092371

1. Corporation Name

CastlePoint Risk Management of Florida, Corp.

| 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 |

4. Date Incorporated or Qualified To Do Business in Florida: 10/10/2008

5. FEI 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: Meryl Wiener — Date: 10/30/2014

REGISTERED AGENT MUST SIGN

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

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2014 OCT 30 PM 4:26
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

NAME: CASTLEPOINT RISK MANAGEMENT
OF FLORIDA, CORP.

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