

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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

DOCUMENT # P09000000948

1. Corporation Name

CastlePoint Florida 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

1/6/2009

5. FEI Number

26-3909921

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

000266033400

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

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

10/29/14

(212) 430-0040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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

TO ACHIEVE
SUFFICIENCY OF FILING

2014 OCT 30 PM 4:25

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS