

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 AUG 21 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 850269

1. Corporation Name

Harbor Specialty Insurance Company

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

36 Corbett Way

Suite, Apt. #, etc.

3. Mailing Office Address

Same as Principal Office Address

Suite, Apt. #, etc.

City & State

Eatontown, New Jersey

City & State

Zip

07724

Country

USA

Zip

Country

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

Incorporated in GA in 1981, redomesticated in NJ in 1995

5. FEI Number

58-1438724

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

200263557742
08/21/14--01020--031 **1800.00

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

NA

Date

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
President	James V. Gorman	36 Corbett Way	Eatontown, New Jersey 07724
Secretary	Douglas C. Gorman	36 Corbett Way	Eatontown, New Jersey 07724
Treasurer	Jason A. Teret	36 Corbett Way	Eatontown, New Jersey 07724
	AUG 26 2014		
	L. SELLERS	REINSTATEMENT	07-14

10. E-mail Address: jason.teret@api-nj.com or mark.heid@api-nj.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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/20/14

Date

848 205 2000

Daytime Phone #