

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 SEP 10 AM 11:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

271196

1. Corporation Name

Martwell Investments Limited, Inc.

W99005019855

Principal Place of Business

1301 NE 14th St  
Ocala, FL 34470

Mailing Address

1301 NE 14th St  
Ocala, FL 34470

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

5/05/87

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

☒ Applied For  
☐ Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Street Addresses of Each Officer and/or Director. (Florida nonpro'it corporations must list at least 3 directors)

1. Title	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
PVST	Niccolo Libiano	1301 NE 14th St	Ocala, FL 34470 400002988004--0 -09/15/99--01074--003 ***1922.50 ***1922.50

8. Name and Address of Current Registered Agent

L. Michael Milbrath  
1301 NE 14th St  
Ocala, FL 34470

9. Name and Address of New Registered Agent

Name  
**Christopher K. Clarke**  
Street Address (P.O. Box Number is Not Acceptable)  
**1301 NE 14th St**  
Suite, Apt. #, Etc.

City  
**Ocala**

State  
**FL**

Zip Code  
**34470**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent *Christopher K. Clarke*  
REGISTERED AGENT MUST SIGN

Date **August 20, 1999**

11. This corporation owes the current year  
Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12. 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., that all fees  
owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated  
on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Niccolo Libiano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Niccolo Libiano**

**8/20/99**  
Date

**(352) 401-9411**  
Daytime Phone #

CR2508 (12/98)