

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000000533

1. Entity Name  
MARTINGALE HOLDINGS U.S., INC.



Principal Place of Business  
3140 SOUTH OCEAN BOULEVARD, #104-S  
PALM BEACH, FL 33480

Mailing Address  
3140 SOUTH OCEAN BOULEVARD, #104-S  
PALM BEACH, FL 33480

REINSTATE

APPROVAL  
AND  
FILED  
04 DEC 30 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zio

Country

Zio

Country

12172004

REIN-P

CR2E098 (6/04)

4. FEI Number  
65-0549063

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDERMAN, PETER  
272 SANDPIPER DRIVE  
PALM BEACH, FL 33480

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zio Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Peter Schneiderman*

DEC. 16, 2004

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After January 1, 2005, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MARTIN, GEHL  
3140 SOUTH OCEAN BOULEVARD, #104-S  
PALM BEACH, FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
RUMIG, JOHN  
3140 SOUTH OCEAN BOULEVARD #104  
PALM BEACH, FL 33480 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
000043724808  
12/30/04--01013--001 \*\*158.75 ☐ Change ☐ Addition

TITLE  
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☐ Delete

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 17/04 (561) 586-4445