

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glen E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 DEC -1 AM 8:00

DOCUMENT # F02000005804

1. Corporation Name

MARKET ABROAD INC.

Principal Place of Business

Mailing Address

300 NE 187TH ST.  
MIAMI FL 33179-4518

300 NE 187TH ST.  
MIAMI FL 33179-4518

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

2. New Principal Office Address, If Applicable  
3640 YACHT CLUB DR

Suite, Apt. #, etc. 305

City & State AVENTURA, FL

Zip 33180 Country USA

3. New Mailing Office Address, If Applicable  
3640 YACHT CLUB DR

Suite, Apt. #, etc. 305

City & State AVENTURA, FL

Zip 33180 Country USA

4. Date Incorporated or Qualified  
To Do Business in Florida

11/20/2002

5. FEI Number

27-0014147

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	ROSEN, ANDRES	3640 YACHT CLUB DR. APT. 305	AVENTURA FL 33180

8. Name and Address of Current Registered Agent

ROSEN, ANDRES  
300 NE 187TH ST.  
MIAMI FL 33179-4518

9. Name and Address of New Registered Agent

Name ROSEN, ANDRES  
Street Address (P.O. Box Number is Not Acceptable)  
3640 YACHT CLUB DR  
Suite, Apt. #, Etc. 305  
City AVENTURA  
State FL Zip Code 33180

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. or 617.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date OCT 13, 2003

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., 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOV 20th, 2003 786-546-1114

CR2E040 (7/03)

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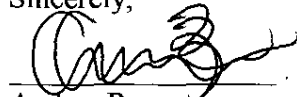
October 13, 2003

To whom it may concern:

This letter is to request the acceptance of this Application for Reinstatement as a second Uniform Business Report, as recommended by Ms. Ruby on a telephone conversation with the Florida Department of State. Unfortunately and until the date we received the notice of administrative dissolution or revocation we did not follow up on the previous check and application sent. After checking with the bank, that previous check for \$155 ( \$150 AR + \$5 ECFTFC ) was never cashed and did not include a Certificate of Status. We figure out that for the next filings a COS will help us to prevent this to happen again.

Please find enclosed the new application as well as a check for \$163.75. ( \$150 AR + \$5 ECFTFC + 8.75 COS ).

Sincerely,



Andres Rosen

786-546-1114

3640-Yacht-Club Dr-Ste-305

Aventura, FL, 33180