

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR



FLORIDA DEPARTMENT OF STATE

916-99AR  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000005902

1. Corporation Name

ABROAD SHOPPING, INC.

Principal Place of Business

Mailing Address

444 BRICKELL AVE # 750  
MIAMI-FL 33131

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FFI Number

65-0594339

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)

1 Title(s)	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
PTD	CABRAL, NIVARDO S	121 NE 3RD AVE #208	MIAMI, FL 33132
SD	CABRAL, ALEXANDRE	121 NE 3RD AVE #208	MIAMI, FL 33132
			500002832555--8 -04/07/99--01092--013 *****665.00 *****665.00
			500002832555--8 -04/07/99--01092--014 *****8.75 *****8.75

B 96-99AR 4/2/99

8. Name and Address of Current Registered Agent

CABRAL, NIVARDO S.

9. Name and Address of New Registered Agent

Name MILLENNIA CONSULTING SERVICES

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

444 BRICKELL AVE # 750

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33131

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

*[Signature]*  
REGISTERED AGENT MUST SIGN

Date

03-26-99

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information  
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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 TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

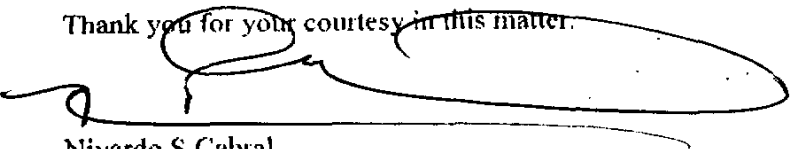
(2)

Division of corporation  
P.O. Box 6327  
Tallahassee, Fl. 32314

Per instructions from Division Of Corporations, I am attaching a check in the amount of \$ 615.00 for the annual report fee with application.

I also state that I have not received any notice from the Division Of Corporations in respectively my corporation Abroad Shopping, Inc.

Thank you for your courtesy in this matter.



Nivardo S Cabral  
President