

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

(Name of Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILING FEE: \$87.50 per class
CERTIFICATE OF RENEWAL: \$ 8.75 (OPTIONAL)

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

[Empty box for Name and Mailing Address of Owner]

1) Mark Registered: _____

2) Registration Number: _____

3) Date Filed: _____ 4.) Renewal Date: _____ 5.) Class(es) Filed: _____

6) Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: _____

Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

STATE OF _____

COUNTY OF _____

On this _____ day of _____, _____, _____
personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____

(Seal)

Notary Public's Signature

Fee: \$87.50 Per Class
Certificate of Renewal : \$8.75 (Optional)

Notary Public's Printed Name

