

917770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

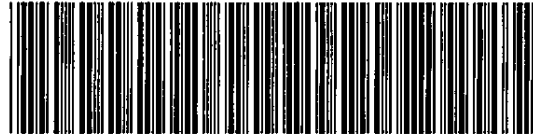
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No Spec

Renewal  
917770

FILED  
07 FEB 20 AM 9:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2007

MENPER DISTRIBUTORS INC.  
ATTN: ESTEBAN MORIYON  
6500 NW 35TH AVENUE  
MIAMI, FL 33147

SUBJECT: RABANO YODADO  
Ref. Number: 917770  
Confirmation number: Pin Number: a Florida Corporation

We have received your document for RABANO YODADO and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

Section 495.071(4), F.S., which became effective January 1, 2007, requires all renewal applications to include a specimen (sample) showing the actual use of the mark on or in connection with the goods or services.

Please return your document, along with a copy of this letter, within 90 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux  
Document Specialist Supervisor

Letter Number: 307A00003653

Florida Department of State, Sue M. Cobb, Secretary of State  
MARK RENEWAL APPLICATION

November 30, 2006

MENPER DISTRIBUTORS INC., A FLORIDA CORP.  
6500 NW 35TH AVE  
MIAMI, FL 33147

Mark Registered: RABANO YODADO  
Registration Number: 917770

Date Filed: 05/25/1977    Renewal Date: 05/25/2007    Class(es): 1-0005

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TALLAHASSEE, FLORIDA

Renewal Statement Pursuant to Section 495.071, Florida Statutes : (Below you must state the mark is still in use within the state of Florida or the reason for its nonuse.)

*Mark still in use*

If applicant is a corporation, enter state of incorporation: Florida

I, Esteban Moriyon, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner's behalf. I further acknowledge that I have read the application and know the contents thereof and that the facts stated herein are true and correct.

Esteban Moriyon  
Typed or Printed Name of Owner

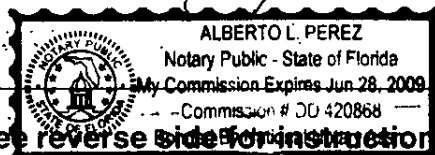
Signed

[Signature]  
Owner's Signature or Authorized Person's Signature

Subscribed and sworn to before me this 12 day of December, 2006.

[Signature]  
Signature of Notary Public

(Notary Seal).  
My commission expires:



See reverse side for instructions.

CR2E005 (7-91)

# RABANO YODADO®

# RABANO YODADO®

## SUPLEMENTO NUTRICIONAL

**DIRECCIONES:** As a dietary supplement. For adults and children 4 or more years, take 1 tablespoonful (15 mL) three times a day. Consult a physician for use in children under 4 years of age.

**WARNING:** DO NOT USE THIS PRODUCT IF PREGNANT OR NURSING. If you are under a physician's care or taking medication, consult your health professional before using this product. Do not exceed recommended dosage. If rash appears discontinue use. In case of accidental overdose, seek professional assistance.

STORE IN A COOL DRY PLACE.

KEEP OUT OF THE REACH OF CHILDREN.

DO NOT USE IF SAFETY SEAL ON BOTTLE IS

BROKEN OR MISSING.

**INDICACIONES:** Como un suplemento nutricional. Para adultos y niños de 4 años o más, tomar 1 cucharada (15 mL) tres veces al día. No usar en niños menores de 4 años de edad, sin antes consultar con un médico.

**ADVERTENCIA:** ESTE PRODUCTO NO DEBE SER USADO POR MUJERES EMBARAZADAS, O QUE ESTEN LACTANDO A UN BEBE. Si usted está, bajo cuidados médicos o tomando medicamentos, consulte a su doctor antes de consumir este producto. No exceda la dosis recomendada. Descontinúe el uso de este producto, si aparece en la piel cualquier erupción. En caso de sobredosis accidental, busque ayuda profesional.

ALMACENAR EN LUGAR SECO Y FRESCO.

MANTENER FUERA DEL ALCANCE DE LOS NIÑOS.

NO USAR ESTE PRODUCTO SI EL SELLO DE SEGURIDAD EN EL FRASCO, FALTA O ESTÁ ROTO.

DIETARY  
SUPPLEMENT

Contents: 237 mL (8 FL OZ)

06M05 DEC 08

