

LAW OFFICES  
KRONGOLD and TODD, P.A.  
EIGHTH FLOOR, 201 ALHAMBRA CIRCLE  
CORAL GABLES, FLORIDA 33134

TELEPHONE  
(305) 440-3033  
FAX  
(305) 443-4400

T95000000489

Florida Department of State  
Division of Corporation  
P.O. Box 6327  
Tallahassee, Florida 32314

500001381285  
-01/31/95--01098--004  
\*\*\*\*\$87.50 \*\*\*\*\$87.50

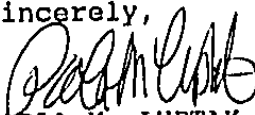
RE: Serpenterium Trademark Filing  
Our File No. 3889.107

Dear Sir/Madam:

Enclosed please find Krongold and Todd, P.A., Trust Account check number 1308 in the amount of \$87.50 representing the Florida Department of States fees for the registration of a trademark or service mark.

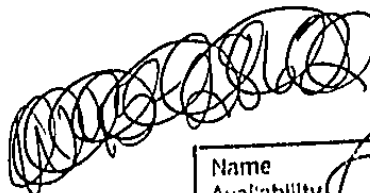
Please contact the undersigned if you have any questions concerning the above referenced application.

Sincerely,

  
PAOLA M. LUPTAK


PML/sbl





T95-489

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DIVISION OF CORPORATIONS  
95 APR 10 PM 3:35

Name Availability	
Document Examiner	GSH
Updater	GSH
Judater Verifier	GSH
Acknowledgement	GSH
W. P. Verifier	GSH



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

February 8, 1995

PAOLA M. LUPTAK, ESQ.  
KRONGOLD AND TODD, P.A.  
201 ALHAMBRA CIRCLE, 8TH FLOOR  
CORAL GABLES, FL 33134

SUBJECT: SERPENTARIUM INC.  
Ref. Number: W9500002862

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

We need three permanent specimens. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6917.

Gretchen Harvey  
Corporate Specialist Supervisor

Letter Number: 995A00005404

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DIVISION OF CORPORATIONS  
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## SERPENTARIUM

11000 S.W. 57th Avenue  
Miami, Florida 33156

April 5, 1995

Gretchen Harvey  
Corporate Specialist Supervisor  
Division of Corporations  
Florida Department of State  
409 E. Gaines Street  
Tallahassee, Florida 32399

Subject: SERPENTARIUM, INC.  
Ref. Number: W95000002862

Dear Ms Harvey:

In reference to your letter of February 6, 1995 (letter number: 995A00005404) enclosed you will find 3 specimens regarding the request for a service mark for SERPENTARIUM, INC. The specimens enclosed include:

- a newspaper advertisement
  - a brochure
  - a business card

You have previously received documentation and a check totaling \$87.50 for the service mark application for SERPENTARIUM, INC. Please inform me of any further information you require to process this application.

Sincerely,



Eric A. Eimstad  
Director of Marketing

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Florida Department of State, Jim Smith, Secretary of State

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom  
acknowledgment should be sent:

Serpentarium, Inc.

11000 S. W. 57th Avenue

Miami, Florida 33156

Daytime Telephone number

PART I

1. (a) Applicant's name: Serpenterium, Inc. ✓ P9400077529

(b) Applicant's business address: 11000 S.W. 57th Avenue

Miami, Florida Zip: 33156

(c) Applicant's telephone number: ( 305 ) 666-7834

Individual  Corporation  Joint Venture  Other:  
 General Partnership  Limited Partnership  Union

If other than an individual,

(1) Florida registration number:

(2) Federal Employer Identification Number:

(3) Domicile State: Florida

2. (a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)

Family Entertainment, Tourist Attraction, Reptile Park

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbeque grills, shoe laces, etc.)

Books, T-Shirts & Souvenir items

(c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

All the above.

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(Continued)

(d) The class(es) in which goods or services fall:

41

PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: November 1, 1994

(b) Date first used in Florida: November 1, 1994

PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

Serpentarium

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " \_\_\_\_\_ " APART FROM THE MARK AS SHOWN.

I, Bernard Levine, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant'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.

Bernard Levine  
Typed or printed name of applicant

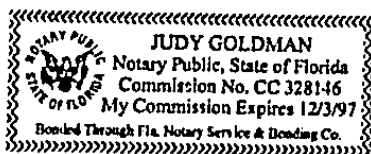
[Signature]  
Applicant's signature or authorized person's signature  
(List name and title)

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STATE OF Florida  
COUNTY OF Dade

On this 13 day of November, 19 94,  
personally appeared before me,

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



Judy Goldman  
Notary Public Signature  
Judy Goldman  
Notary's Printed Name

Seal

My Commission Expires: 12/3/97

FEE: \$87.50 per class

Bern Levine, D.V.M.

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**SERPENTARIUM**

*COME FACE TO FANG WITH EXOTIC REPTILES*

11000 S.W. 57th Ave. Miami, Florida 33156  
(305) 666-7834 FAX: (305) 661-2230