#### LAW OFFICES

#### KRONGOLD and TODD, P.A.

EIGHTH FLOOR, 201 ALHAMBRA CIRCLE

CORAL GABLES, FLORIDA 33134

# T95000000489

TELEPHONE (303) 440-3033 FAX (303) 443-4409

Florida Dopartment of State Division of Corporation P.O. Box 6327 Tallahassoc, Florida 32314

500001394295 -01/31/95--01098--004 \*\*\*\*\*87.50 \*\*\*\*\*87.50

RE: Serpentarium 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.

PML/sbl

J959 489, Name
Avaliability

Document
Examiner GSH

Updater GSH

Judater
Verifyer GSH

Acknowledgement GSH

W. P. Verifyer GSH

95 LPR 10 PH 3: 3



#### 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: W95000002862

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.

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

Gretchen Harvey Corporate Specialist Supervisor

Letter Number: 995A00005404

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

PH

#### 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

SECKE IAM OF CORPORATION OF APRILO PH 3: 3

## 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

•	TOI	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314	Name & address to acknowledgement should be a Serpentarium, Inc.	whom ent	
			11000 S. W. 57th Avenue		•
			Miami, Florida 33156		<b>=</b>
			Pitala : Pioriua 55150		<b>~</b>
		•	Daytime Telophone number		-
		PART	<b>T</b> /		
1. (	(a) λp	plicant's name: Serpentarium, Inc	7		
(	(b) <b>Л</b> р	plicant's business address:	00 S.W. 57th Avenue		
(	(c) Ap	Mianoplicant's telephone number: ( 305	mi, Florida zip: 3315 , 666-7834	טנ	
	dividu noral	al 🔯 Corporation 🔲 Joint Vo Partnership 🔲 Limited Partnership			
If ot	her th	an an individual,	· -		
(1)	Florid	a registration number:			
	omicil	Employer Identification Number: e State:Florida	<del></del>		
2.(a)	If the serv	he mark to be registered is a service mark is used: (i.e., furniture movisices, etc.)	mark, the services in connection of services, diaper services, hou	n witi	h which minting
	Famil	y Entertainment, Tourist Attraction	1, Repulle Park		<del></del>
<del>-</del> -					
(b)	If t	he mark to be registered is a trader is used: (i.e., ladies sportswear,	mark, the goods in connection wit cat food, barbeque grills, shoe i	h whi laces,	
	_Books	. T-Shirts & Souvenir items		<del>-20</del>	
	··			R 0	<del>- 93</del>
		<u> </u>		-11	
(Ĉ)	The adve	mode or manner in which the mark is rtisements, brochures, etc.)	used: (i.e., labels, decals; new	က် <u>ကြေ</u>	ST ST
	All t	he above.		<u>မှာ</u>	
<del></del>					<u> </u>
		(Contin	ued)		

CR2E014(5/94)

(a) Date first used anywhere:  (b) Date first used in Florida:  **PART III  The mark to be registered is: (if 1900/daniga is included, please give brief written description which must be 28 words or loss.)  **DISCLAIMER** (if applicable)  CLAIM IS HADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "  **PART FROM THE MARK AS SHOWN.**  **PICANT As or that I am authorized to sign on behalf of the owner and applicant roin, and no other person except a related company has the right to use such mark is corduse or to be mistaken therefor I make that affidavit and verification on my/th picants obehalf. I further acknowledge that I have read the application and know the needs the application and know the needs thereof and that the facts stated herein are true and correct.  **PROVIDED Typed or printed name of applicant**  **Applicant's bighature on authorized person's signature Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed Typed or printed name and title)*  **Applicant's bighature on authorized person's signature Typed Type		r	
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Date first used by the applicant, predecessor, or a related company (must Include month day and year)!  (a) Date first used anywhere:  (b) Date first used in Florida:  PART III  The mark to be registered is: (If organization which must be 28 words or 1005.)  DISCLAIMER (if applicable)  CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "  PART FROM THE MARK AS SHOWN.  CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "  PART FROM THE MARK AS SHOWN.  Discant herein, or that I am authorized to sign on whealf of the owner and applicant for and no other person except a related company has the right to use such mert originated in the identical form or in such noat resemblance as to be likely to decaive the state of the stat			1
The mark to be registered in 1 (12 logo/daging is included, please give brief written description which must be 25 words or ioss.)  DISCLAIMER (if applicable)  CLAIM IS HADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "  APART FROM THE MARK AS SHOWN.  Frankers Levine , being sworn, depose and say that I am the owner and the plicant herein, or that I am authorized to sign on behalf of the owner and applicant rein, and no other person except a related company has the right to use such mark it orida attent in the identical form or in such neat resemblance as to be likely to decely plicant's behalf. I further acknowledge that I have read the application and know the network of the contents thereof and that the facts stated herein are true and correct.  Derny Mark Levy We State of Printed name of applicant applicant's bighature or authorized person's signature  Applicant's bighature or authorized person's signature  Applicant's bighature or authorized person's signature  Typed or printed name of applicant  Applicant's bighature or authorized person's signature  Typed or printed name of applicant  Applicant's bighature or authorized person's signature  Typed or printed name of applicant  Applicant's bighature or authorized person's signature  Typed or printed name of applicant  Applicant's bighature or authorized person's signature  Typed or printed name of applicant  Applicant's bighature or authorized person's signature  Typed or printed name of applicant  Typed or November of the true and correct.  Typed or printed name of applicant  Typed or printed name of a	Date first used by the applicant, predecessor day and year):  (a) Date first used anywhere:	or a related company (must in	clude month,
DISCLAIMER (if applicable)  CLAIM IS NAME TO THE EXCLUSIVE RIGHT TO USE THE TERM "  "APART FROM THE MARK AS SHOWN.  Expression of that I am authorized to sign on behalf of the owner and the plicant herein, or that I am authorized to sign on behalf of the owner and applicant rein, and no other person except a related company has the right to use such mark is resemblance as to be likely to decally to receive the plicant's behalf. I further acknowledge that I have read the application and know the price of the property of t	. The mark to be registered is: (If logo/design written description which must be 25 words of	I in included, please give bri	o <i>f</i>
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Tryped or printed name of applicant  Applicant's bignature or authorized person's signature  Typed or printed name and title)  Typed or printed name of applicant  Typed or printed			•
**APART FROM THE MARK AS SHOWN.  **Penward Levine**  **, being sworn, depose and say that I am the owner and the plicant herein, or that I am authorized to sign on behalf of the owner and applicant rein, and no other person except a related company has the right to use such mark in orida either in the identical form or in such noar resemblance as to be likely to deceive confuse or to be mistaken therefor. I make this affidavit and verification on my/the plicant's behalf. I further acknowledge that I have read the application and know the intents thereof and that the facts stated herein are true and correct.  **Penward**	DISCLAIMER (if applicable)		
Denver Devine boing sworn, depose and say that I am the owner and the plicant heroin, or that I am authorized to sign on behalf of the owner and applicant rein, and no other person except a related company has the right to use such mark include a state of the interior of the owner and applicant rein, and no other person except a related company has the right to use such mark included in the identical form or in such near resemblance as to be likely to deceive confuse or to be mistaken therefor. I make this affidavit and verification on my/the plicant's behalf. I further acknowledge that I have read the application and know the needs thereof and that the facts stated herein are true and correct.    Proposition of the propositi	CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE TH	E TERM "	
Applicant's behalf. I further acknowledge that I have read the application and know the intents thereof and that the facts stated herein are true and correct.    Commence	" APART FRO	om the Mark as shown.	
Typed or printed name of applicant  Applicant's signature or authorized person's signature  (List name and title)  Applicant's signature or authorized person's signature  (List name and title)  Applicant's signature  (List name and title)  Applicant's signature  (List name and title)  (List name a	r confuse or to be mistaken therefor. I make o pplicant's behalf. I further acknowledge that	this arridavit and verification a I have read the application a	ind know the
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this 121 day of November, 1994,  resonally appeared before me,  who is personally known to me whose identity I proved on the basis of  """  JUDY GOLDMAN  Totary Public, State of Florida  or no My Commission Espires 12/3/97 & Commission Espires 12/3			SET SET
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who is personally known to me whose identity I proved on the basis of  JUDY GOLDMAN	Applicant a signature or author (List name and	of applicant	FILED SION OF CORPO APR 10 PH
whose identity I proved on the basis of	Applicant's signature or author (List name and DADC)	of applicant ized person's signature title)	FILED SIGN OF CORPO APR 10 PH
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FEE: \$87.50 per class

Bern Levine, D.V.M.

### Serpentarium

COME FACE TO FANG WITH EXOTIC REPTILES

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