

T0200001137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

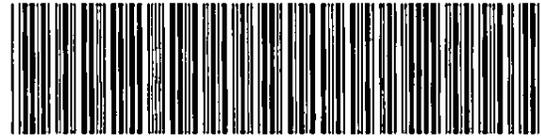
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

*New
class 36
For class
42*

Office Use Only



100302274651

T02-1137

Renewal

08/23/17--01032--014 **183.75 ✓

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2017 AUG 23 PM 3:10

N. CAUSSEAUX

AUG 31 2017

LOTT & FISCHER

Reply to Neda Lajevardi
E-mail: nlajevardi@lottfischer.com

August 22, 2017

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

Sent via FedEx Priority
Tracking No. 770073880526

Re: Renewal of Florida Trademark Registration
Mark: **MIAMI DESIGN DISTRICT AND DESIGN OF AN EYE**
Registration Date: October 1, 2002
Registration No.: T02000001137
Classes: 35 and 42
Our Ref. No. 04015-8-8400

Dear Sirs:

We enclose for filing the registrant's renewal application for the referenced **MIAMI DESIGN DISTRICT AND DESIGN OF AN EYE** mark. We also enclose a check payable to the "Florida Department of State" in the amount of \$183.75, representing the filing fee of \$175.00 plus \$8.75 for a Certificate of Renewal.

Kindly forward the Certificate of Renewal to our office. Please contact us if you have any questions regarding the renewal application.

Very truly yours,

LOTT & FISCHER, PL



By: Neda Lajevardi
NL/sd
Enclosures

INTELLECTUAL PROPERTY LAW

255 ARAGON AVENUE, THIRD FLOOR, CORAL GABLES, FLORIDA 33134
305/448-7089 · WWW.LOTTFISCHER.COM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI DESIGN DISTRICT AND DESIGN OF AN EYE
(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:

Neda Lajevardi, Esq.
(Name of Person)

Lott & Fischer, PL
(Firm/Company)

P.O. Box 141098
(Address)

Coral Gables, FL 33114-1098
(City/State and Zip Code)

For further information concerning this matter, please call:

Neda Lajevardi at (305) 448-7089 x206
(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:

Design Trademark Holdings, LLC
3841 N.E. 2nd Avenue, Suite 400
Miami, Florida 33137

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32399

FILED IN STATE
SECRETARY OF CORPORATION
DIVISION OF CORPORATIONS
AUG 23 PM 3:11

1) Mark Registered: MIAMI DESIGN DISTRICT AND DESIGN OF AN EYE

2) Registration Number: T02000001137

3) Date Filed: 10/01/2002 4.) Renewal Date: 10/01/2017 5.) Class(es) Filed: 35, 42

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.

The mark is still in use in Florida.

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: Delaware

Design Trademark Holdings, LLC, by Miami Design District Associates Manager, LLC

Steven Gretenstein, Vice President

Typed or Printed Name of Owner

[Handwritten Signature]

Owner's Signature or Authorized Person's Signature

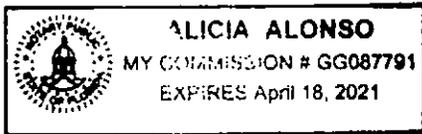
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to and subscribed before me on this 16 day of August 2017 STEVEN GRETENSTEIN
(Name of Individual Signing)

[X] who is personally known to me [] whose identity I proved on the basis of

(Seal)



[Handwritten Signature: Alicia Alonso]

Notary Public's Signature

Alicia Alonso

Notary Public's Printed Name

Fee: \$87.50 Per Class
Certificate of Renewal : \$8.75 (Optional)
CR2E005 (1/11)

OFFICIAL SPECIMEN

J.CON[®]
SALONS
5811 4th Street North
St. Petersburg, FL 33703

Lisa Mitchels
Vice President
lmitchels@jconsalon.com

jconsalon.com

727.525.9119 x306