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FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

May 14, 2004

JIM SVENDSEN CAPE LENDING GROUP 1211 MIRAMAR STREET, SUITE 2 CAPE CORAL, FL 33904

SUBJECT: PART III INCOMPLETE (BESTRATESINFLORIDA.COM)

Ref. Number: W04000018655

We have received your document for PART III INCOMPLETE (BESTRATESINFLORIDA.COM) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

You must list a more specific service in #2(a) in Part I of the application.

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

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 (850) 245-6918.

Nanette Causseaux Document Specialist Supervisor

Letter Number: 404A00033603

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES Division of Corporations Post Office Box 6327 TO: Tallahassee, FL 32314 Name & address to whom acknowledgment should be sent: Daytime Telephone number PART I 1. (a) Applicant's name: 1211 Micamar (b) Applicant's business address: City/State/Zip (c) Applicant's telephone number: (239) 541-7430 Corporation ☐ Individual Joint Venture Other ☐ Union ☐ General Partnership ☐ Limited Partnership If other than an individual, (2) Domicile State: Florisa (1) Florida registration number: 103000/05 (3) Federal Employer Identification Number: 900/10464 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.) (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, barbecue grills, shoe laces, etc.) (c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

(Continued)

ADVENTISEMENTS

(d) The class(es) in which goods or ser	vices fall:
<u>Class</u> 360	
1 Deta first and be the similarity are	PART II lecessor, or a related company (must include month, day and year):
	(b) Date first used in Florida: $\frac{3}{1/64}$
1. The mark to be registered is: (If logo must be 25 words or less.)	PART III b/design is included, please give brief written description which Frates in Florida Com
English Translation	
2. DISCLAIMER (if applicable) NO CLAIM IS MADE TO THE EXCI	LUSIVE RIGHT TO USE THE TERM " "APART FROM THE MARK AS SHOWN.
herein, or that I am authorized to sign on beha the right to use such mark in Florida either in be mistaken therefor. I make this affidavit an	ty of the owner and applicant nerein, and no other person except a related company has the identical form or in such near resemblance as to be likely to deceive or confuse or to d verification on my/the applicant's behalf. I further acknowledge that I have read the that the facts stated herein are true and correct
- App	Typed or printed name of applicant Plicant's signature or authorized person's signature (List name and title)
STATE OF Flor. DA	—— (List hante and title) 7. CER F.
COUNTY OF Lee	
On this 6 day of MAy appeared before me, who is personally known to me	, Josef, Jim Svenib sen personally whose identity I proved on the basis of grant gra
	Notary Public Signature
(Scal)	Notary's Printed Name
Modern Public - Stole of Fix	My Commission Expires: Feb 9, 2008
My Commission September 9.	FEE: \$87.50 per class



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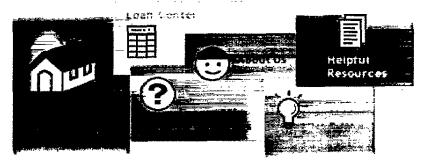
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