T06000000614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

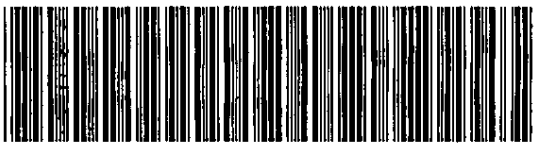
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

New class #1

Office Use Only



500285523675

T06-614

05/11/16--01015--020 **96.25

Renewal

FILED
16 MAY 23 PM 3:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAY 24 2016

N. CAUSSEAUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MIAMI INTERNATIONAL ORCHID SHOW
(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:

Dorothy P. Bennett
(Name of Person)

South Florida Orchid Society, Inc.
(Firm/Company)

7100 SW 71 Court
(Address)

Miami, FL 33143
(City/State and Zip Code)

For further information concerning this matter, please call:

Dorothy P. Bennett at (305) 661-1471
(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.)

CR2E005 (1/11)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 13, 2016

DOROTHY P. BENNETT
SOUTH FLORIDA ORCHID SOCIETY, INC.
7100 SW 71 COURT
MIAMI, FL 33143

SUBJECT: MIAMI INTERNATIONAL ORCHID SHOW
Ref. Number: T06000000614

We have received your document for MIAMI INTERNATIONAL ORCHID SHOW and your check(s) totaling $96.25. 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.

If the mark is a trademark registered under classes 1-34, submit one of the following: a label, tag, decal, container, box, wrapper, etc.

If the mark is a service mark registered under classes 35-45, submit one of the following: a newspaper advertisement, brochure, flyer, business card, etc.

For bulky specimens, we will accept a legible photograph clearly showingthe mark as well as the good(s) and/or service(s) the mark is being used in connection with.

NOTE: Only one specimen is required. The name and/or design shown on the specimen must be identical to the name and/or design registered withour office. We DO NOT accept letterhead or stationery.

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

South Florida Orchid Society, Inc.
7100 SW 71 Court
Miami, 33143

Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
16 MAY 23 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1) Mark Registered: Miami International Orchid Show

2) Registration Number: T06000000614

3) Date Filed: 5/22/2006 4.) Renewal Date: 5/22/2016 5.) Class(es) Filed: ____

6) Renewal statement pursuant to section 495.071, Florida Statues. 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 trade mark is and will be used at least for the period of renewal.

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: Florida

South Florida Orchid Society, Inc.
Typed or Printed Name of Owner

Dorothy Bennett
Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Miami Dade

Sworn to and subscribed before me on this 8 day of April, 2016, Dorothy Bennett
(Name of Individual Signing)

☑ who is personally known to me ☐ whose identity I proved on the basis of ____

(Seal)

Notary Public's Signature

Carmen Parra
Notary Public's Printed Name

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

CARMEN PARRA
MY COMMISSION # FF 238173
EXPIRES: July 21, 2019
Bonded Thru Budget Notary Services

OFFICIAL SPECIMEN

South Florida Orchid Society
www.sforchid.com

Presents

The 70th Miami International Orchid Show

Orchid Celebration

BankUnited Center, University of Miami
1245 Dauer Drive, Coral Gables, FL 33146

September 30th, October 1st -2nd, 2016
10:00 am – 5:00 pm
Admission only $10.00
(10 and under FREE)

American Orchid Society
Accredited and Judged Show

Featuring Internationally Acclaimed Orchid Growers
From around the World and the U.S.

Orchid Lectures Friday & Saturday
Orchid Growing Demonstrations for Beginners
Friday from 1:00pm - 3:00 pm
Ample Parking