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(Requestor's Name)

(Address)

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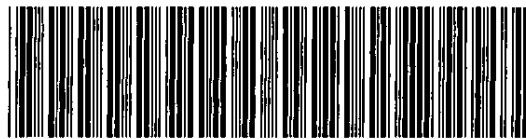
(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
✓  
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✓  
✓

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Service Mark ( logo design & phrase: with Name of Ministry )  
(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Grant W. Gomez  
(Name of Person)

River of Life Revival Ministries Inc.  
(Firm/Company)

520 W. Cashew Ct.  
(Address)

Punta Gorda, FL 33955  
(City/State and Zip Code)

For further information concerning this matter, please call:

Grant W. Gomez at (941) 637-1085  
(Name of Person) (Area Code & Daytime Telephone Number)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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:

River of Life Revival Ministries Inc.  
c/o Grant W. Gomez  
520 W. Cashew Ct, Punta Gorda, FL 33955  
(941) 637-1085  
Daytime Telephone number

**PART I**

1. (a) Applicant's name: River of Life Revival Ministries Inc.

(b) Applicant's business address: (Office) 520 W. Cashew Ct.

Punta Gorda, FL 33955  
City/State/Zip

If different, Applicant's mailing address: P.O. Box 510416

Punta Gorda, FL 33951  
City/State/Zip

(c) Applicant's telephone number: (941) 637-1085

Individual       Corporation       Joint Venture       Other: Ministry-Non Profit  
 General Partnership       Limited Partnership       Union

If other than an individual:

(1) Florida registration/document number: N0100000243 ✓ (2) Domicile State: FL

(3) Federal Employer Identification Number: 65-1074437

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.):

Ministry / Church services (~~Class 42 Miscellaneous~~)

(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.):

brochures, flyers, bulletins, decals, business cards, ads, TV, signs, t-shirts, certificates, publications, tape & CD covers, website, letterheads, envelopes, ministry documents, banners.

(Continued)

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

Class 42 Miscellaneous

**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: Feb. 12, 2005 (b) Date first used in Florida: Feb. 12, 2005

**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.):

Logo is ~~the~~ dove inside circle with phrase: NO HIGH LIKE THE MOST HIGH around the circle, and name RIVER OF LIFE REVIVAL MINISTRIES on right.

English Translation:

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "Design of Dove River of Life Revival Ministries" APART FROM THE MARK AS SHOWN.

Grant W. Gomez 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

Grant W. Gomez / River of Life Revival Ministries Inc.  
Typed or printed name of applicant

Grant W. Gomez / Pres.  
Applicant's signature  
(List name and title)

FILED  
JUN 22 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF Florida  
COUNTY OF Charlotte

On this 14th day of June, 2006,  
appeared before me, \_\_\_\_\_ personally

who is personally known to me  whose identity I proved on the basis of FL DL #G520-299-58-041-0

(Seal)

Jessica P. Haynes  
Notary Public Signature  
JESSICA P. HAYNES  
Notary's Printed Name

My Commission Expires: November 8, 2009

FEE: \$87.50 per class



Revivalist/Sr.Pastors  
Grant & Freda Gomez

Ministry Center-  
14731 N. Cleveland Ave.(US41)  
N. Ft. Myers, FL 33903  
Meeting Times-  
Sun. 10 A.M. & Wed. 7 P.M.

Tel: (941) 637-1085  
Our Website:  
[www.river4u.org](http://www.river4u.org)



*River Of Life*  
*Revival Ministries*

P.O. Box 510418  
Punta Gorda, FL 33955