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TALLAHASSEE FLORIDA

7

No Space.

W07-29865

T07-998

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSTA
(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:

MABEL ROMANIUK
(Name of Person)

AM & ASSOCIATES ENTERPRISES PA
(Firm/Company)

1687 NE 123RD ST
(Address)

NORTH MIAMI FLORIDA 33181
(City/State and Zip Code)

For further information concerning this matter, please call:

MABEL ROMANIUK at (305) 893-2669
(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

(**NOTE:** The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2007

MABEL ROMANIUK, ESQUIRE
1687 NE 123RD STREET
NORTH MIAMI, FL 33181

SUBJECT: COSTA
Ref. Number: W07000029865

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

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, **which may be the same or different.** TYPED or HANDWRITTEN 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 35-45), 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 attach your specimens to a copy of this letter or to yourcorrected 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

AM & ASSOCIATES PA
1689 NE 123RD ST
NORTH MIAMI, FLORIDA 33181
PHONE (305)-893-2669 FAX (305)891-3458
E MAIL mabelromaniuk@bellsouth.net

July 19. 2007

FLORIDA DEPARTMENT OF STATE
MARK REGISTRATION
POBOX 6327
TALLAHASSEE FL 32314

REF W07000029865

Per your request, we enclosed corrected application for the registration of a trademark for

COSTA

Also find the tree specimens that we forgot to enclosed with original application.

Please send the documentation and certificate to my office.

If you have any question please contact me

Thank you

Mabel Romaniuk
Public Accountant

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

PART I

1. (a) Applicant's name: TABACOSTA INC

(b) Applicant's business address: 1687 NE 123RD ST

NORTH MIAMI, FLORIDA, 33181
City/State/Zip

If different, Applicant's mailing address: SAME

City/State/Zip

(c) Applicant's telephone number: (305) 893-2669

☐ Individual ☑ Corporation ☐ Joint Venture ☐ Limited Liability Company
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other:

If other than an individual,

(1) Florida registration/document number: P07000014573 (2) Domicile State: FLORIDA

(3) Federal Employer Identification Number: 20-8564156

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.)

Tobacco Cigars

(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

Labels and advertising, BROCHURES, CIGAR BOXES, CIGAR CUTTER, BANNERS
INTERNET WEB. CIGAR LABELS, NEWSPAPER,

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

CLASS 34

(Continued)

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: 5/10/04 (SPAIN) (b) Date first used in Florida: 06/21/07

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.)

COSTA

FILED
07 JUL 23 PM 12:08
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TALLAHASSEE FLORIDA

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " CIGARS " APART FROM THE MARK AS SHOWN.

I, ANTONIO COSTA ZURITA, *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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.*

ANTONIO COSTA ZURITA
Typed or printed name of applicant

X _____
Applicant's signature
(List name and title)

STATE OF FLORIDA

COUNTY OF DADE

On this 17 day of MAY, 2007, Antonio Costa Zurita personally appeared before me,

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

MABEL ROMANIUK
Comm# DD0426856
Expires 5/29/2009
Bonded thru (800)432-4254
Florida Notary Assn., Inc

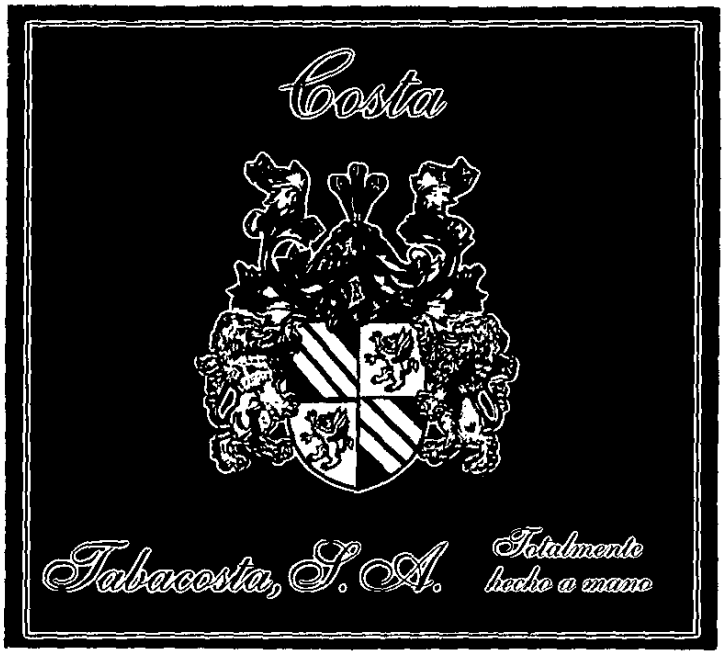
_____
Notary Public Signature

(Seal)

Mabel Romaniuk
Notary's Printed Name

My Commission Expires: 05/29/2009

FILING FEE: $87.50 per class


Costa
Tabacosta, S. A.
Totalmente
hecho a mano