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K. SALY MAY - 8 2023

COVER LETTER

	stration Section sion of Corporations		
SUBJECT:	BENEDETTO'S		
	(N	ame of M	lark Registered)
Dear Sir or M	Aadam:		
The enclosed	l Mark Renewal Application	, specime	en and fee(s) are submitted for filing.
Please return	all correspondence concern	ing this m	natter to the following:
Herbert W. La	arson, Esq.		
	(Name of Person)		
Larson & Lars	son, PA		
	(Firm/Company)		
11199 69th St	treet North		
	(Address)		
Largo, FL 33	773		
	(City/State and Zip Code	2)	
For further in	nformation concerning this n	natter, ple	ease call:
Herbert W. La	arson, Esq.	727 at (546-0660
	(Name of Person)		a Code & Daytime Telephone Number
Registration Division of C The Centre o 2415 N. Mon			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)

(<u>NOTE</u>: 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:	Return To: Division of Corporations			
Benedetto's Italia, Inc.	P.O. Box 6327			
Deficiency stating inc.	Tallahassee, FL 32314			
18703 Yocam Avenue, Lutz, FL 33549	1) Mark Registered: Benedetto's			
2) Registration Number:				
3//4/2003 3) Date Filed: 62/27/2008 4.) Reno	ewal Date: 03/14/2023 5.) Class(es) Filed: 43			
	- Table			
	495.071, Florida Statues. Below you must state the mark is still in us use is not due to any intention to abandon the mark.			
The mark is still in use in Florida				
The service mark is used in advertising, market	ting, and/or on the Applicant's website.			
7) If the mark is still in use, a specimen sh	owing actual use of the mark is included with this application.			
8) If applicant is a business entity enter th	ne state of incorporation/formation/organization:			
b) if applicant is a susmess contry, once as				
Fee: \$87.50 Per Class	Benedetto's Italia, Inc.			
Certificate of Renewal: \$8.75	Typed or Printed Name of Owner			
(Optional)				
	Owner's Signature or Authorized Person's Signature			
STATE OF FLORIDA COUNTY OF <u>FOSCO</u>	<u> </u>			
Sworn to (or affirmed) and subscribed before m (numeric date) this day of	me by means of physical presence or online notarization, this			
numeric date	month year name of person making statement			
	Urgenia M Glide			
	Notary Public's Signature VICOIC M. Gude			
	Notary Public's Printed Name			
Personally Known OR Produced Identificat	uon			
Type of Identification Produced:	VIRGINIA M. GUDE			
CR2E005 (1/20)	MY COMMISSION # HH 143709 EXPIRES: August 11, 2025 Bonded Thru Notary Public Underwriters			

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