

T09000000746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

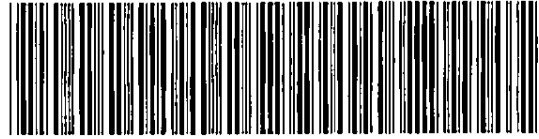
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



500426071895

2024 MAR 19 AM 11:08

RECEIVED

ALLAHUSSEIN FLORIDA

2024 MAR 19 PM 4:17

RECEIVED

DEPARTMENT OF STATE
ACCOUNT FILING COVER SHEET

Account Number FCA000000017
Date: 3-18-24

Requestor Name: Carlton Fields
Address: Post Office Drawer 190
Tallahassee, Florida 32302

Telephone: (850) 513-3619 - direct
(850) 224-1585

Contact Name: Kim Pullen, CP, FRP

AUTHORIZED AMOUNT TO
DEDUCT FROM ACCOUNT
\$ 96.25

~~Trademark~~
Corporation Name: Rallye

Email Address:

Entity Number:

Authorization:

T09000000746
Kim Pullen

Trademark Renewal Renewed
Certificate of ~~States~~

Certified Copy -
 New Filings
 Fictitious Name

Plain Stamped Copy
 Amendments

Annual Report
 Registration

(X) Call When Ready
(X) Walk In

(X) Call if Problem
() Will Wait

() After 4:30
(X) Pick Up

CF Internal Use Only

Client: 54883
Name: C. Woelhan

Matter: 40564
Office: TPA

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

Amalie AOC, Ltd.
1601 McCloskey Boulevard, Tampa, FL 33605

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

1) Mark Registered: RALLYE

2) Registration Number: T09000000746

3) Date Filed: 07/16/2009 4.) Renewal Date: 07/16/2024 5.) Class(es) Filed: 4

6) Renewal statement pursuant to section 495.071, Florida Statutes. 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 mark is currently being used in Florida

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

Fee: \$87.50 Per Class
Certificate of Renewal: \$8.75 (Optional)

Harry J. Barkett
Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA
COUNTY OF Hillsborough

Sworn to (or affirmed) and subscribed before me by means of [X] physical presence or [] online notarization, this (numeric date) this 14th day of March, 2024 by (Harry J. Barkett) name of person making statement



LORI AUEN
Notary Public
State of Florida
Comm# HH436864
Expires 12/20/2027

Lori Auen
Notary Public's Signature

Lori Auen
Notary Public's Printed Name

Personally Known [X] OR Produced Identification []

Type of Identification Produced:

2024 MAR 19 AM 11:06

