

T140000000630

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

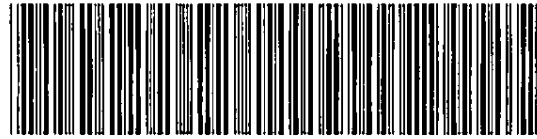
(Business Entity Name)

(Document Number)

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06/07/19 -01014--010 \*\*87.50

FILED  
19 JUN -7 PM 3:30  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

K. SALY

JUN 20 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** NOVA PHARMACY  
(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:

Scott D. Smiley  
(Name of Person)

The Concept Law Group, P.A.  
(Firm/Company)

6400 N. Andrews Ave., Ste. 500  
(Address)

Fort Lauderdale, FL 33309  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott D. Smiley at ( 754 ) 300-1500  
(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.)

## MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

NOVA PHARMACY CORP.  
7295 SW 24 STREET  
MIAMI, FL 33155

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

FILED  
19 JUL - 7 PM 3:30  
TALLAHASSEE, FLORIDA

1) Mark Registered: NOVA PHARMACY

2) Registration Number: T14000000630

3) Date Filed: 06/12/2014 4.) Renewal Date: 06/12/2019 5.) Class(es) Filed: 035

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 still in use 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

NOVA PHARMACY CORP.

Typed or Printed Name of Owner

Scott D. Smiley, ATTY in Fact  
Owner's Signature or Authorized Person's Signature

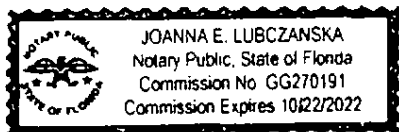
STATE OF Florida

COUNTY OF Broward

Sworn to and subscribed before me on this 5th day of June, 2019 Scott D. Smiley  
(Name of Individual Signing)

☒ who is personally known to me ☐ whose identity I proved on the basis of \_\_\_\_\_

(Seal)



Notary Public's Signature

Joanna Lubczanska

Notary Public's Printed Name

Fee: \$87.50 Per Class

Certificate of Renewal : \$8.75 (Optional)

CR2E005 (1/11)

