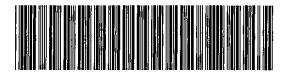
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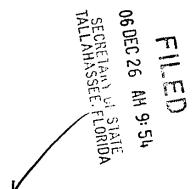
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
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Renewal 197-338

COVER LETTER

Division of Corporations SUBJECT: CORAL GABLES FARMERS MARKET AT MERRICK PARK (Name of Mark Registered) Dear Sir or Madam: The enclosed Mark Renewal Application and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Leslie J. Lott (Name of Person) LOTT & FRIEDLAND, P.A. (Firm/Company) P.O. Drawer 141098 (Address) Coral Gables, FL 33114-1098 (City/State and Zip Code) For further information concerning this matter, please call: at (<u>305</u>) <u>448-7089</u> (Area Code & Daytime Telephone Number) Leslie J. Lott

STREET/COURIER ADDRESS:

(Name of Person)

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

TO:

Registration Section

MARK RENEWAL APPLICATION

Name and Address of Owner:	Return To: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
City of Coral Gables City Hall, 405 Biltmore Way Coral Gables, FL 33134		
Mark Registered: CORAL GABLES FARM	IERS MARKET AT MERRICK PARK	
Registration Number: T9700000338		
Date Filed: 03/27/1997 Renewal Date: 03/2	7/2007 Class(es) Filed: SM-0042	
Renewal statement pursuant to section 495.071, Flor Florida or the reason for its nonuse.	ida Statues. Below you must state the mark is still in use in	
The mark is still in use in Florida in co	onnection with all services in class 42.	
If applicant is a corporation, enter the state of incorporation	oration: Florida Municipal Corporation	
authorized to sign on behalf of the owner of the trade	sworn, depose and say that I am the owner or that I am emark and/or service mark referenced herein and make this lf. I further acknowledge that I have read the application ed herein are true and correct.	
	ELIZABETH M. HERNANDE Z	
	Owner's Signature or Authorized Person's S	
STATE OF Florida	Signature The Fin	
COUNTY OF Miami-Date	9: 54 51)ATE FLORID	
On this 11th day of DRember, 2000, personally appeared before me,	EUZABETH M. HERNANDEZ	
who is personally known to me whose identified	ty I proved on the basis of	
(Seal)	Notary Public's Signature	
Fee: \$87.50 Per Class Certificate of Renewal: \$8.75 (Optional)	Notary Public's Printed Name SHARON TERESA GREAUX	
CR2E005 (8/05)	MY COMMISSION # 0D 523709 EXPIRES: June 29, 2010 Bonded Thru Notary Public Underwriters	