

**T97000000 338**

(Requestor's Name)

(Address)

(Address)

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06 DEC 26 AM 9:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Renewal

T97-338

**COVER LETTER**

**TO:** Registration Section  
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:

Leslie J. Lott

(Name of Person)

at ( 305 ) 448-7089

(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

MARK RENEWAL APPLICATION

Name and Address of Owner:

City of Coral Gables  
City Hall, 405 Biltmore Way  
Coral Gables, FL 33134

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

Mark Registered: CORAL GABLES FARMERS MARKET AT MERRICK PARK

Registration Number: T97000000338

Date Filed: 03/27/1997 Renewal Date: 03/27/2007 Class(es) Filed: SM-0042

Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or the reason for its nonuse.

The mark is still in use in Florida in connection with all services in class 42.

If applicant is a corporation, enter the state of incorporation: Florida Municipal Corporation

I ELIZABETH M. HERNANDEZ, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner'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.

ELIZABETH M. HERNANDEZ

Typed or Printed Name of Owner

*[Handwritten Signature]*

Owner's Signature or Authorized Person's Signature

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Miami-Dade

On this 11<sup>th</sup> day of December, 2006, ELIZABETH M. HERNANDEZ personally appeared before me,

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

(Seal)

*[Handwritten Signature]*

Notary Public's Signature

Notary Public's Printed Name

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

CR2E005 (8/05)

