

T97000000675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

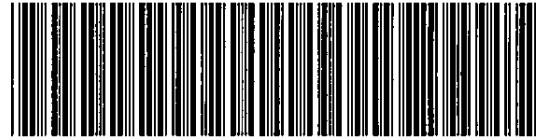
(Business Entity Name)

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File 1/2/07

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Renewal

T97-675

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANGELS HATCHERY
(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:

PAUL RADICE
(Name of Person)

ANGELS HATCHERY
(Firm/Company)

16375 SW 256 STREET
(Address)

HOMESTEAD, FLORIDA 33031
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul RADICE at (305) 248-7777
(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

MARK RENEWAL APPLICATION

Name and Address of Owner:

PAUL RADICE
16375 SW 256 STREET
HOMESTEAD, FL 33031

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

Mark Registered: ANGELS HATCHERY

Registration Number: T 97000000675

Date Filed: 6-16-97 Renewal Date: 6-16-07 Class(es) Filed: 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 WITHIN THE STATE OF FLORIDA

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

I JUDITH JO RADICE 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.

PAUL RADICE

Typed or Printed Name of Owner

Judith J Radice
Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Miami Dade

On this 18 day of December, 2006, Judith J Radice personally appeared before me,

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

(Seal)



Terri Stockwell
Notary Public's Signature

Terri Stockwell

Notary Public's Printed Name

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