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ORPORATION NAME(S) & DO		Office Use Only
789 (Corporation Name) 745 (Corporation Name)	Suage (Document #)	102-811
(Corporation Name) Walk in Pick up time Mail out Will wait	(Document #) Corp name # (Document #) Photocopy	PO2-43810 Certified Copy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation o	W02-14726 f R.A., Officer/Director gistered Agent //thdrawal
OTHER FILINGS	REGISTRATION	N/QUALIFICATION -
	Foreign Limited Partn Reinstatemen Trademark Other	
AUTHORIZATION BY F R2E031(7/97) CFF7ECT Part DATE 7/9/0 DOC. EXAM	PHONE TO <u>[1.(a)</u> + 2.(a) 2	Examiner's Initials



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 21, 2002

ALAIN WICHNER 3717 SPEAR POINT DRIVE ORLANDO, FL 32837

SUBJECT: THE LANGUAGE COMPANY

Ref. Number: W02000014726

We have received your document for THE LANGUAGE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

#1(a) of Part I must contain the name of the owner as identified in the records of the Florida Department of State. Please refer to enclosed computer printout and amend the name accordingly.

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

The specimens provided this office are not acceptable; we need three permanent specimens, which may be the same or different. We do not accept photocopies or camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable — we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We DO NOT accept letterhead, stationery, envelopes, invoices or mailing labels.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 602A00032548



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 24, 2002

ALAIN WICHNER 3717 SPEAR POINT DRIVE ORLANDO, FL 32837

SUBJECT: THE LANGUAGE COMPANY

Ref. Number: W02000014726

We have received your document for THE LANGUAGE COMPANY and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

#1(a) of Part I must contain the name of the owner as identified in the records of the Florida Department of State. Please refer to enclosed computer printout and amend the name accordingly.

In Part II(1) a & b we need a month, a day, and a year for the date the mark was first used anywhere and for the date it was first used in Florida.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6918.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 002A00040606

APPI	LICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES
	Division of Corporations Post Office Box 6327 Tallahassee, FL 32314
	Name & address to whom acknowledgment should be sent:
	WICHNER JACKIN 3.
	37/7-SPEAR POINTDR-
	OPIANDO G 32027
	1/2 PEC - 4090
	Daytime Telephone number
	PARTI
• ()	CAUDIA
(b)	Applicant's business address: 1680 UNIVERSAL BLVI # 410 /
	00(An100 F 32019
	City/State/Zip
` '	Applicant's telephone number: (407) 370 (2539
	Individual
	General Partnership
	than an individual, poly prida registration number: PO2-43810 (2) Domicile State: FLORIDA
(3) Fed	deral Employer Identification Number: 75-3046926
2. (a)	If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.)
	SCHOOL (LANGUAGE), tutoring.
	Language classes for travely second
	lancuace's
(b)	If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)
	N/A
	·
(c)	The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)
	Advertising, printed materials, Signage

(Continued)

(d) The class(es) in which goods or services fall:
PART II 1. Date first used by the applicant, predecessor, or a related company (must include month, day and year): (a) Date first used anywhere: OCT, 10 1994(b) Date first used in Florida: OCT 10 1994
1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.) THE LANGUAGE COMPANY.
English Translation THE LANGUAGE COMPANY 2. DISCLAIMER (if applicable)
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " "APART FROM THE MARK AS SHOWN. I, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on mythe applicant'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 ALAIN J. W.E.O. Typed of printed name of applicant We prince the facts stated herein are true and correct Typed of printed name of applicant We prince the facts stated herein are true and correct ALAIN J. W.E.O. Typed of printed name of applicant (List name and title)
STATE OF FLORIDA
COUNTY OF ORDNAS
On this 19th day of April , 2002, Alsin Wichart personally appeared before me, who is personally known to me whose identity I proved on the basis of
STEVEN R. KUTNER MY COMMISSION # CC 950049 EXPIRES: October 28, 2004 Bounded thus Notary Public Underwinders STEVEN R. KUTNER Notary Public Signature

· · · Notary's Printed Name

My Commission Expires:_

FEE: \$87.50 per class



THE LANGUAGE **EXPERTS**

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E-Mail: mail@ languagecompany.com

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