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900126684499

Ten Years Younger

No Money
No Spec.

~~608-34289~~

108-900

FILED
08 AUG -1 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08/05/08--01003--005 **87.50

08/05/08--01003--006 **87.50

N. CAUSSEAU

AUG 7 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2008

STEVEN MASLEY (PAGE ONE OF TWO)
1016 39TH AVENUE NORTH
ST. PETERSBURG, FL 33703

SUBJECT: TEN YEARS YOUNGER
Ref. Number: W08000034289

We have received your document for TEN YEARS YOUNGER, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$87.50.

Because you failed to complete the application in its entirety, this office is unable to determine if the proposed mark is available for registration. #2(a) or (b) of Part I and #1 of Part III must be completed before this office can make such a determination. Please amend your application as needed.

We are unable to determine your class(es) at this time. Please amend your application to reflect the specific good(s) and/or service(s) the mark is being used in connection with.

Because the specific good(s) and/or service(s) will determine the applicable class(es), please note additional filing fees may be due this office. If so, you will be advised accordingly.

You must list a more specific service in #2(a) in Part I of the application.

You must list a more specific product in #2(b) in Part I of the application.

FURTHER INSTRUCTIONS CONTINUED ON PAGE TWO

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

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

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 508A00042346



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 21, 2008

STEVEN MASLEY (PAGE TWO OF TWO)
1016 39TH AVENUE NORTH
ST. PETERSBURG, FL 33703

SUBJECT: TEN YEARS YOUNGER
Ref. Number: W08000034289

We have received your document for TEN YEARS YOUNGER, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$87.50.

List only the mark to be registered in #1 of Part III. Please delete any informational statements, explanations, etc. you may have included.

In Part I(2)(c) you must state how the mark is being used. If the mark is a trademark, you can cite labels, decals, tags, imprints on goods, etc. If the mark is a service mark, you can cite business cards, newspaper advertisements, TV and radio advertisements, etc.

Although we received your application and check(s), no specimens were included. Section 495.031(5), F.S., requires every trademark and/or service mark application to be accompanied by three specimens (or examples). Please submit three specimens for each class of registration. (NOTE: Letterhead, stationery, envelopes, invoices and mailing labels are not accepted.)

We need three permanent specimens, **which may be the same or different**. TYPED or HANDWRITTEN MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-45), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. **WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.**

Please attach your specimens to a copy of this letter or to your corrected application, if it was returned to you for correction(s), and return it/them to this office for processing.

Pursuant to s. 495.035(5), F.S., this application will be considered abandoned if the applicant fails to reply or resubmit the corrected/amended application within three months from date of this letter.

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

Nanette Causseaux
Document Specialist Supervisor

Letter Number: 508A00042350

APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK
PURSUANT TO CHAPTER 495, FLORIDA STATUTES

FILED
08 AUG -1 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

PART I

1. OWNER/APPLICANT: Enter the name and address of the individual or the business entity to be listed as the owner of the Trademark and/or Service Mark on the records of the Florida Department of State.

(a) Owner's/Applicant's name: Steven Mastey / Ten Years Younger
(b) Owner's/Applicant's business address: 1016 3rd Ave N.
St Petersburg, FL, 33703
City/State/Zip

If different, Owner's/Applicant's mailing address: _____
City/State/Zip

(c) Owner's/Applicant's telephone number: (727) 299-9222 / 727-525-6416

Check the appropriate box to indicate the Owner/Applicant is a(n):

- Individual Corporation Joint Venture Limited Liability Company
 General Partnership Limited Partnership Union Other: _____

If the Owner/Applicant is a business entity, the business entity must have an active filing or registration on file with the Florida Department of State. If the Owner/Applicant is not an individual, enter the business entity's Florida registration/document number in #1, the state or country under the laws of which the business entity is currently formed, organized or incorporated under in #2, and the entity's federal employer identification number (EIN) in #3.

- (1) Florida registration/document number: _____
(2) Domicile State or Country: _____
(3) Federal Employer Identification Number: 532-60-6256

2. (a) **SERVICE MARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with a type of service, the mark is a service mark. If the mark is a service mark, the applicant/owner must list the specific service(s) the mark is being used in connection with. For example: furniture moving services, diaper services, house painting services, wholesale and retail sales of tractor equipment, etc. If the owner/applicant is using the mark to identify services available in the market place, enter the specific service(s) being rendered here:

(Note: List only those services currently being rendered by the owner/applicant. Do not include future services.)

PROGRAM FOR WEIGHT LOSS, FITNESS BUILDING &
STRENGTH, IMPROVE BLOOD SUGAR & CHOLESTEROL LEVELS
GOODS OF NUTRITIONAL SUPPLEMENTS

The TRX Program is a nutrition-exercise program that follows my Ten Years Younger book. Please see the attached brochures for details.

2. (b) **TRADEMARK:** If the owner/applicant is using the name, logo, design and/or slogan being registered in connection with an actual product manufactured by the owner/applicant or on the owner/applicant's behalf, the mark is a trademark. If the mark is a trademark, the applicant/owner must list the specific product(s) the name, logo, design and/or slogan is being used to identify. For example: ladies sportswear, cat food, barbecue grills, shoe laces, etc. If the owner/applicant is using the name, logo, design and/or slogan to identify goods available in the market place, enter the specific product(s) the name, logo, design and/or slogan is being used to identify:

(Note: List only those product(s) currently available. Do not include future products.)

~~Medical Program~~
~~Supplements~~
~~Complex~~
Nutritional
Supplements

2. (c) HOW IS THE NAME, LOGO, DESIGN AND/OR SLOGAN CURRENTLY USED:

SERVICE MARKS: If the name, logo, design and/or slogan are/is being used in connection with a type of service, you must specify the form(s)/mean(s) of advertisement the applicant/owner is using to advertise the services to the general public. For example: newspaper advertisements, business cards, brochures, flyers, pamphlets, menus, etc. If the mark is being used in connection with a type of service, state how the name, logo, design and/or slogan are/is being used in advertising here:

Service mark - 3 brochures attached
Trade marks - 3 sample labels attached
Ten Years Younger Program follows
my information from my Ten Years
Younger book 3 Labels attached

TRADEMARKS: If the name, logo, design and/or slogan are/is being used to identify a product manufactured by or for the applicant/owner, you must specify how the mark is applied or affixed to the actual product or its packaging. For example: a tag, label, imprinted or engraved on the actual product, etc. If the mark is being used in connection with a specific product, state how the name, logo, design and/or slogan is applied or affixed to the actual product(s) or the packaging:

2. (d) **FEE(S) AND CLASS(ES):** There are a total of 45 classes or categories in which all products or services must be categorized. The fee to register a mark is \$87.50 per class. Make check payable to Florida Department of State.

List the class(es) which apply to the product(s) and/or service(s) listed in 2(a) and/or 2(b) above:

class 5 Supplements
Class 44 Medical Program

PART II

1. You must state the date the name, logo, design and/or slogan was first used in the state of Florida, and, if it was used in another state or country, the date you first used the name, logo, design and/or slogan in the other state or country. Enter the month, day, and year the name, logo, design and/or slogan was first used by the applicant/owner, the predecessor, or a related company in Florida. If the name, logo, design and/or slogan has been used in another state or country, then you must also enter the month, day, and year the name, logo, design and/or slogan was/were used in another state or country, when applicable.

Note: The Florida Statutes require a mark to be in use prior to registration.

(a) Date first used in other state or country, if applicable: 12/31/2005
(b) Date first used in Florida: 12/31/2005

PART III

ENTER NAME, LOGO, DESIGN AND/OR SLOGAN BEING REGISTERED:

1. Enter the name, a brief description of the logo or design, and/or the slogan you are registering. The description of the logo and/or design must be 25 words or less. List the exact name, slogan, and/or description of the logo/design here: (NOTE: The name, logo, design and/or slogan listed in this section must match the exact name, logo, design and/or slogan listed on your specimens or examples.)

Ten Years Younger

Provide the English translation of any and all terms listed #1 above, when applicable: _____

2. DISCLAIMER STATEMENT (if applicable):

Your mark may include a word or design that is commonly used by others. Commonly used terms or designs must be disclaimed. When you disclaim a specific term or design, you are acknowledging this term is commonly used by others and that you do not claim the exclusive right to use the disclaimed term or design. All geographical terms and representations of cities, states or countries must be disclaimed (i.e., Miami, Orlando, Florida, the design of the state of Florida, the design of the United States of America, etc.). Corporate suffixes and terms readily associated with the specific product(s) and/or(s) service being provided must also be disclaimed.

Enter all terms listed in #1 above which require a disclaimer in the space provided below:

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM(S)" _____
" APART FROM THE MARK AS SHOWN.

3. ATTACH OR INCLUDE THREE SPECIMENS OR EXAMPLES OF THE TRADEMARK OR SERVICE MARK BEING REGISTERED

Chapter 495, F.S., requires you to submit three specimens (samples or examples) of the mark in use. You must submit three specimens FOR EACH CLASS listed in Part I #2(d). The name, logo, design and/or slogan on the specimens must be identical to the name, logo, design and/or slogan being registered. You may provide three identical specimens or three different specimens. For each service mark class (classes 35-45), you may provide three newspaper advertisements, business cards, brochures, flyers, or any combination thereof. For each trademark class (classes 1-34), you may provide three tags, labels, boxes, etc. or any combination thereof. Photographs of bulky specimens are acceptable if the mark being registered and the good(s) or product(s) are clearly legible.

SIGNATURE OF APPLICANT/OWNER AND NOTARIZATION:

I, Steven Masley, 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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. I make this affidavit and verification on my/the 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.

Steven Masley
Typed or printed name of applicant

Steven Masley
Applicant's signature
(List name and title)


FILED
08 AUG - 1 PM 12: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF Florida

COUNTY OF Dinellas

On this 30th day of May, 2008, Steven Masley personally appeared before me,

who is personally known to me whose identity I proved on the basis of _____
and did not take an oath

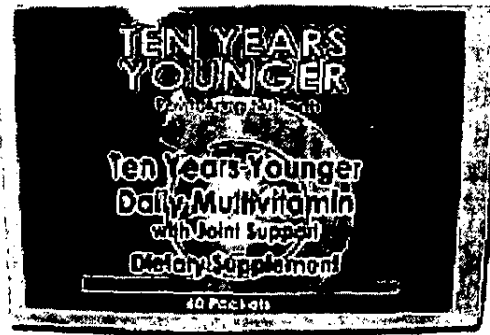
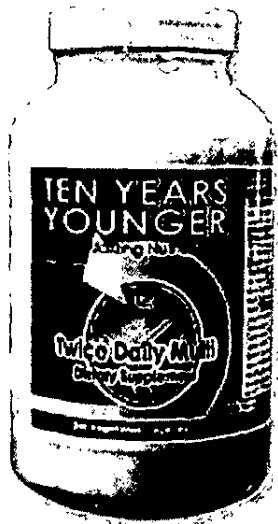
NOTARY PUBLIC-STATE OF FLORIDA
 Patricia D. Clark
Commission # DD544168
Expires: APR. 24, 2010
Bonded Thru Atlantic Bonding Co., Inc.

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[Signature]
Notary Public Signature
Patricia D. Clark
Notary's Printed Name

My Commission Expires: April 24, 2010

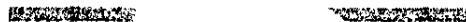
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TEN YEARS YOUNGER

for Medical Practitioners

TEN YEARS
YOUNGER



the amazing ten-week plan
to look better, feel better, and turn back the clock

STEVEN MASLEY, M.D.

A Complete Program for your Medical Practice:

- Maximize time
- Increase revenue
- Improve patient's lives!

Steven Masley, M.D., FAAFP, CNS
President, Masley Optimal Health Center
Medical Director, Ten Years Younger Program
900 Carillon Parkway, Suite 300 St. Petersburg, FL 33716
T (727) 299-9222 F (727) 299-9322

info@drmasley.com www.drmasley.com www.tenyearsyounger.com

TEN YEARS YOUNGER

Developed by Steven Masley, M.D., FAAFP, CNS

An Amazing
ten-week plan
to

Look better,
Feel better and
Turn back the clock.....

TEN YEARS
YOUNGER

the ten years younger program

STEVEN MASLEY, M.D.

FOR MEDICAL PRACTITIONERS:

Discover the *Ten Years Younger Program* which will enable **YOUR patients** to lose weight, build fitness and strength, improve blood sugar and cholesterol levels, and enhance their cognitive performance. Proven, published data shows this program works.

A complete program developed for your use.

Help your patients

- Reverse Type 2 Diabetes
- Eliminate Symptoms of Cardiovascular Disease
- Reduce Cholesterol
- Lower Blood Pressure
- Promote Weight Loss

**Use Group Sessions to maximize your time,
increase revenue and *improve patients lives!***