T09000008823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

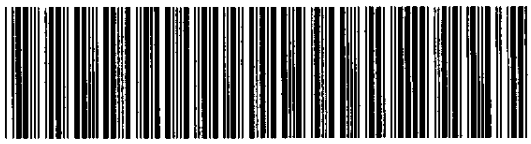
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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Renewal

T09-823

08/01/14--01019--012 **175.00

14 AUG -1 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG -4 2014

N. CAUSSEAUX

T09-823

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CATALANO'S NURSES REGISTRY
(Name of Mark Registered)

Dear Sir or Madam:

The enclosed Mark Renewal Application, specimen and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Riley, Paralegal
(Name of Person)

Harwell Howard Hyne et al
(Firm/Company)

333 Commerce St, Suite 1500
(Address)

Nashville, TN 37201
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Riley at (615) 256-0500
(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

FILING FEE: $87.50 per class
CERTIFICATE OF RENEWAL: $ 8.75 (OPTIONAL)

(**NOTE**: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)

CR2E005 (1/11)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

CSI Catalano's Nurses Registry, Inc.
10451 NW 117th Avenue, Suite 110
Miami, Florida 33178

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

1) Mark Registered: CATALANO'S NURSES REGISTRY

2) Registration Number: T09000000823

3) Date Filed: 8/11/2009 4.) Renewal Date: 8/11/2014 5.) Class(es) Filed: 035/045

6) Renewal statement pursuant to section 495.071, Florida Statues. Below you must state the mark is still in use in Florida or state the reason for its nonuse is not due to any intention to abandon the mark.

The mark is still in use in Florida.

7) If the mark is still in use, a specimen showing actual use of the mark is included with this application.

8) If applicant is a business entity, enter the state of incorporation/formation/organization: Florida

CSI CATALANO'S NURSES REGISTRY, INC.
Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA

COUNTY OF MIAMI-DADE

Sworn to and subscribed before me on this 23 day of July, 2014, Alan Sarraga
(Name of Individual Signing)

☑ who is personally known to me ☐ whose identity I proved on the basis of _____

(Seal)

Notary Public's Signature

SUSAN M. BEST-RODRIGUEZ
MY COMMISSION # EE 218069
EXPIRES: September 18, 2016
Bonded Thru Budget Notary Services

Notary Public's Printed Name

Fee: $87.50 Per Class
Certificate of Renewal : $8.75 (Optional)
CR2E005 (1/11)

OFFICIAL SPECIMEN

TM/SM REG.#