

T100000000708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

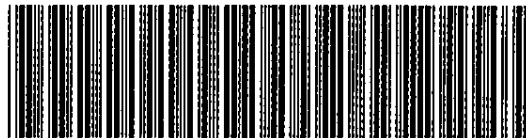
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700269033137

T10-708

02/04/15--01004--012 **87.50

Renewal

FILED
15 FEB 19 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 23 2015

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J.
(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:

Joseph L. Connell
(Name of Person)

J.CON Hair Designs, Inc.
(Firm/Company)

5811 4th Street North
(Address)

Saint Petersburg, FL 33703
(City/State and Zip Code)

For further information concerning this matter, please call:

Lisa Mitchels at (727) 525-9119 x306
(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.)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2015

JOSEPH L. CONNELL
J.CON HAIR DESIGNS, INC.
5811 4TH STREET NORTH
ST. PETERSBURG, FL 33703

SUBJECT: DESIGN OF THE CAPITAL LETTER J WITH A DOT ON THE END
Ref. Number: T10000000708

We have received your document for DESIGN OF THE CAPITAL LETTER J WITH A DOT ON THE END and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

We have taken the liberty of correcting your document by inserting the owner's name in the appropriate place(s). This correction was made in lieu of returning it to you. Please let us know if this is not acceptable.

If you agree with the corrections needed and would like this office to proceed with your filing, please notify this office in writing or by fax at 850-245-6030 to the attention of the undersigned.

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 315A00002437



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2015

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Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 315A00002437

TO: ↑

FROM: Lisa Mitchels
727 525 9119 x304

2/18/2015

Per our telephone conversation today, this is approved
Thank you.
Lisa Mitchels

MARK RENEWAL APPLICATION

15 FEB 19 PM 1:01
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Mailing Address of Owner:

Joseph L. Connell
5811 4th Street North
Saint Petersburg, FL 33703

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

- 1) Mark Registered: J.
- 2) Registration Number: T10000000708
- 3) Date Filed: 06/23/2010 4.) Renewal Date: 06/23/2015 5.) Class(es) Filed: SM-00440000

6) Renewal statement pursuant to section 495.071, Florida Statutes. 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.

We continue to use the J. trademark on our business and marketing materials.

- 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: FL

J. Con Hair Designs, Inc.
Joseph L. Connell

Typed or Printed Name of Owner

Joseph L. Connell

Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Pinellas

Sworn to and subscribed before me on this 26th day of January, 2015. Joseph L Connell
(Name of Individual Signing)

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

(Seal)



Lisa Joy Mitchels

Notary Public's Signature


Lisa Joy Mitchels

Notary Public's Printed Name

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

Specimen

love your **hair**. be good to your **body**.

 facebook.com/jconsalon

