

T14000001034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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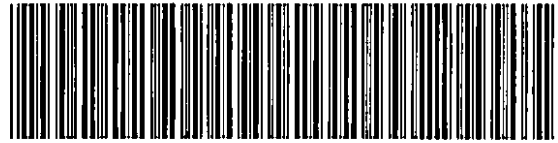
(Business Entity Name)

(Document Number)

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800331910838

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JUL 29 2019

19 SEP -9 PH 10:30  
TALLAHASSEE  
FLORIDA

X SAIY  
SEP 30 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 21, 2019

ORLANDO FAMILY DENTAL, LLC  
RAUL CASTANO  
3300 SOUTH HIAWASSEE RD, STE. 101  
ORLANDO, FL 32835

SUBJECT: ORLANDO FAMILY DENTAL  
Ref. Number: T14000001034  
Confirmation number: 800331910838 Pin Number: a Florida Limited Liability  
Company

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

Section 495.071(4), F.S., which became effective January 1, 2007, requires all renewal applications to include a specimen (sample) showing the actual use of the mark on or in connection with the goods or services.

If the mark is a trademark registered under classes 1-34, submit one of the following: a label, tag, decal, container, box, wrapper, etc.

If the mark is a service mark registered under classes 35-45, submit one of the following: a newspaper advertisement, brochure, flyer, business card, etc.

For bulky specimens, we will accept a legible photograph clearly showing the mark as well as the good(s) and/or service(s) the mark is being used in connection with.

NOTE: Only one specimen is required. The name and/or design shown on the specimen must be identical to the name and/or design registered without our office. We DO NOT accept letterhead or stationery.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 019A00017315

**RECEIVED**

**SEP - 9 2019**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Orlando Family Dental  
(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:

Raul Castaño  
(Name of Person)

Orlando Family Dental, LLC.  
(Firm/Company)

3300 South Hiawasse Rd. Suite 101  
(Address)

Orlando, Fl. 32835.  
(City/State and Zip Code)

For further information concerning this matter, please call:

Raul Castaño at ( 407 ) 295-9096  
(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.)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

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

Orlando Family Dental, LLC.
3300 South Hiawasse Rd. Suite 101
Orlando, Fl. 32835

19 SEP - 9 PM 10:30
FILED

- 1) Mark Registered: Orlando Family Dental
2) Registration Number: T14000001034
3) Date Filed: 9/14/2014 4.) Renewal Date: 9/1/2019 5.) Class(es) Filed: 44.
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 And no intention to abandon the mark.

- 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

Orlando Family Dental, LLC.

Typed or Printed Name of Owner

[Handwritten Signature]

Owner's Signature or Authorized Person's Signature

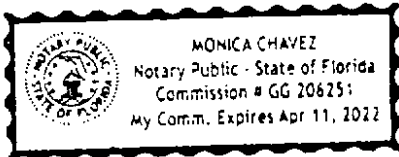
STATE OF Florida

COUNTY OF Orange

Sworn to and subscribed before me on this 15th day of August, 2019, Raul Castano (Name of Individual Signing)

[ ] who is personally known to me [X] whose identity I proved on the basis of FL DL C235721672480 EXP 07/08/25

(Seal)



[Handwritten Signature]

Notary Public's Signature

Monica Chavez

Notary Public's Printed Name

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

Imagine your smile  
beautiful  
radiant, confident!

Dr. Raul Castano, DMD, M.S., D.I.C.O.I.

Fellow in Implant Dentistry  
 Fellow of the International College of Implantologists  
 Fellowship Program in Esthetic Dentistry  
 Fellowship Program in Advanced Implant Dentistry  
 Master's Degree of Dental Sciences and Oral Medicine  
 Tufts University, Boston, MA.  
 Visalign and Orthodontics Provider

Most insurances accepted



**CALL 407.295.9096**

[www.orlandofamilydental.com](http://www.orlandofamilydental.com)

100 S. Hiwassee Rd. #101 Orlando, FL 32835

Orlando Family Dental

"One Stop For All Your Dental Needs"

