

# T98000000931

Requestor's Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone # \_\_\_\_\_

FILED  
 98 AUG 12 AM 11: 24  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

800002604158--4  
 -07/31/98--01064--001  
 \*\*\*\*\*87.50 \*\*\*\*\*87.50

1. Pro Labs (42) add (Corporation Name) 789/746/746/761/671 (Document #)
2. 789/746/746/761/671 (Corporation Name) (Document #)
3. (10) labs (Corporation Name) (Document #)
4. \_\_\_\_\_ (Corporation Name) (Document #)

- Walk in       Pick up time \_\_\_\_\_       Certified Copy
- Mail out       Will wait       Photocopy       Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

T98-931  
~~W98-17731~~

Name Availability	NP
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

(4)

Examiner's Initials \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 5, 1998

JEFFREY W. HYMAN  
3468 N. UNIVERSITY DR.  
SUNRISE, FL 33351

SUBJECT: PRO LABS  
Ref. Number: W98000017731

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

In Part III, you must write the exact wording of the mark. If the mark includes a logo or design, a brief written description must be provided.

Class(es) (10) would appear applicable to your specific mark. Please delete the class(es) you have on line 2 (d) and insert the pertinent class(es) (10).

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following term(s) by completing the disclaimer statement found in #2 of Part III of the application: LABS

The specimens provided this office are not acceptable; we need three permanent specimens. We do not accept photocopies or camera ready copies. We do not accept specimens that have been altered or defaced in any manner. We will accept labels, decals or tags that are affixed to the actual goods or products. We will accept three LEGIBLE photographs of the goods or products with the specimens affixed. If this is some kind of publication, newspaper, magazine, or column, we need three of the actual publications. We need specimens for each class of registration.

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) 487-6918.

Nanette Causseaux  
Corporate Specialist Supervisor

Letter Number: 598A00040867

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

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

Name & address to whom acknowledgment should be sent:

Jeffrey N. Hyman  
3468 N. University Dr.  
Sunrise, Fla 33351  
(954) 747-1952  
Daytime Telephone number

PART I

1. (a) Applicant's name: Jeffrey W. Hyman  
(b) Applicant's business address: 3468 N. University Dr.  
Sunrise, Fla. 33351  
City/State/Zip  
(c) Applicant's telephone number: (954) 747-1952

- Individual       Corporation       Joint Venture       Other  
 General Partnership       Limited Partnership       Union

- If other than an individual, document #  
(1) Florida registration number: P97000060525 (2) Domicile State: Florida  
(3) Federal Employer Identification Number: 650767521

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.)

N/A

- (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.)

custom made orthotic and prosthetic devices

- (c) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.)

decals, advertisements, brochures, window and structure signs

(Continued)

d) The class(es) in which goods or services fall:

~~CLASS 5~~ CLASS 10

per NANETTE

**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: April 1998 (b) Date first used in Florida: same

**PART III**

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

FILED  
AUG 12 AM 11:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. DISCLAIMER (if applicable)

per NANETTE PRO LABS INC. knee support Design  
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " LABS " APART FROM THE MARK AS SHOWN.  
INC.

I, Jeffrey Hyman, 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 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

Jeffrey Hyman

Typed or printed name of applicant

Jeffrey Hyman

Applicant's signature or authorized person's signature  
(List name and title)



STATE OF Florida

COUNTY OF Broward

(954) 747-1952

On this 29 day of July, 1998, Jeffrey Hyman personally appeared before me,

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

Sharon L. Lipka

Notary Public Signature

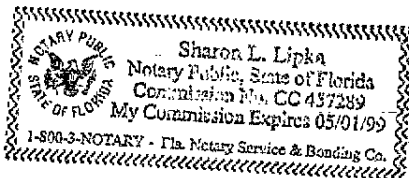
Sharon L. Lipka

Notary Public, State of Florida

My Commission Expires 05/01/99

1-800-3-NOTARY - Fla. Notary Service & Bonding Co.

(Seal)



My Commission Expires:

FEE: \$87.50 per class