

ADVENTIST
HEALTH SYSTEM

Federal Express

November 21, 2002

Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

RE: Florida Flight 1

Dear Sir:

Enclosed is the original and one copy of the Application for the Registration of a Trademark or Service Mark, together with our filing fee of \$87.50 per class, or \$175.00, and three specimens of the Mark as used.

Should you have any questions, please give us a call.

Sincerely,



T. L. Trimble, Vice President
Legal Services

rkr
Enclosures

P.S. Also enclosed is proof of reservation from the State of Florida.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 NOV 22 AM 9:40

FILED

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:

T. L. Trimble
111 North Orlando Avenue
Winter Park, Florida 32789
(407) 975-1413
 Daytime Telephone number

PART I

1. (a) Applicant's name: Adventist Health System/Sunbelt, Inc.

(b) Applicant's business address: 111 North Orlando Avenue

Winter Park, Florida 32789
City/State/Zip

(c) Applicant's telephone number: (407) 975-1410

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Joint Venture | <input checked="" type="checkbox"/> Other: <u>Non-Profit</u> |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Union | Corporation |

If other than an individual,

(1) Florida registration number: 726307 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 59-1479658

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.)

Transportation Services and Miscellaneous Services (e.g., Medical Services)

(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.)

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

Brochures, Advertising Magnets

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

39 and 42

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 3, 1989 (b) Date first used in Florida: April 3, 1984

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.)

Florida Flight I

English Translation

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Florida " APART FROM THE MARK AS SHOWN.

I, Ariel De Prada, 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

Adventist Health System/Sunbelt, Inc.

Typed or printed name of applicant

Ariel De Prada

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

STATE OF Florida

COUNTY OF Orange

On this 21st day of November, 2002, Ariel De Prada personally appeared before me,

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



(Seal)

Rhonda K. Rilea
MY COMMISSION # CC989998 EXPIRES
February 13, 2004
BONDED THRU TROY FAIR INSURANCE, INC.

Rhonda K. Rilea

Notary Public Signature

Rhonda K. Rilea

Notary's Printed Name

My Commission Expires: 2-13-04

FEE: \$87.50 per class

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA