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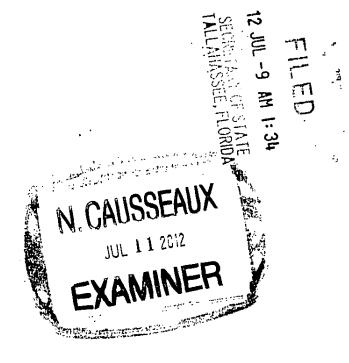
. (Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Document Number)		
Certified Copies	. Certificates	s of Status
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCANDIA INC. AND DESIGN OF CIRCLE..(more)

(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:

RUTH ELISE ANDERSON

(Name of Person)

SCANDIA INC.

(Firm/Company)

PO BOX 696

(Address)

HIGHLAND CITY, FL 33846, USA

(City/State and Zip Code)

For further information concerning this matter, please call:

RUTH E. ANDERSON

., 863

709-8379

(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)

(<u>NOTE</u>: 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)

Name and Mailing Address of Owner: Return To: Division of Corporations P.O. Box 6327 RUTH ELISE ANDERSON Tallahassee, FL PO BOX 696 HIGHLAND CITY, FL 33846 1) Mark Registered: SCANDIA INC. AND DESIGN OF CIRCLE...(more) 2) Registration Number: T0200001425 Date Filed: 12/09/02 4.) Renewal Date: 12/09/12 5.) Class(es) Filed: 0035 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: RUTH ELISE ANDERSON Typed or Printed Name of Owner Owner's Signature or Authorized Person's Signature STATE OF Florida COUNTY OF POLK Sworn to and subscribed before me on this 5th day of July, 2013 Kuthelise Hoder.

(Name of Individual Signing) who is personally known to me whose identity I proved on the basis of Notary Public's Signature JEAN M. HORNBECK Commission # EE 029538 Expires September 26, 2014 (Seal) Jean M. Hornbeck Notary Public's Printed Name Fee: \$87.50 Per Class Certificate of Renewal: \$8.75 (Optional)

CR2E005 (1/11)

MARK RENEWAL APPLICATION

OFFICIAL SPECIMEN TM/SM REG.



Ruthelise Anderson

863-709-8379 / Cell 863-255-1001 Fax 863-648-1279 ruthelise@usascandia.com www.usascandia.com Mailing Address: PO Box 696 Highland City FL 33846 USA

Corporate Office: 4004 Cheverly Dr. West Lakeland FL 33813 USA