

T06 000001659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

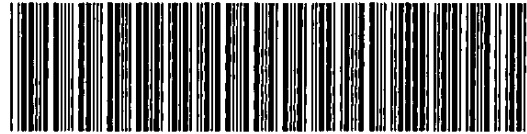
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 29, 2006

MICHAEL SCHIFFRIN
9130 S. DADELAND BLVD., SUITE 1109
MIAMI, FL 33156

SUBJECT: AIR HAITI EXPRESS
Ref. Number: W06000051671

We have received your document for AIR HAITI EXPRESS and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

The specimens provided this office are not acceptable; we need three permanent specimens, **which may be the same or different**. We do not accept camera ready copies. We do not accept specimens which have been altered or defaced in any manner. In order to register your service mark, we need specimens from which we can determine the services being rendered. We will accept brochures, newspaper, or magazine advertisements, or business cards. If business cards are used, we must be able to determine from the business card the services offered. The mere mark, address, city, etc., on the business card, brochure, or advertisement is not acceptable -- we must be able to look at the specimens provided and be able to determine the services being rendered. We need specimens for each class of registration. We **DO NOT** accept letterhead, stationery, envelopes, invoices or mailing labels.

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) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 906A00068659

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TALLAHASSEE, FLORIDA

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LAW OFFICES OF
MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

TWO DATRAN CENTER - SUITE 1109
9130 SOUTH DADELAND BOULEVARD
MIAMI, FLORIDA 33156

TELEPHONE: (305) 539-0000
TELECOPIER: (305) 539-0013

E-MAIL: schifflaw@aol.com

December 21, 2006

Ms. Tammi Cline
Document Specialist
Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: **Air Haiti Express / Trademark**

Letter Number 906A0006859

Dear Ms. Cline:

Enclosed please find five airway bills issued by Air Haiti Express to serve as the specimens requested by you under your letter of November 29, 2006, a copy of which I enclose for your reference.

If you should have any questions or need anything further, please advise.

Very truly yours,

MICHAEL SCHIFFRIN & ASSOCIATES, P.A.

MICHAEL SCHIFFRIN, ESQ.

MS/ine
Encl.
cc:

Air Haiti Express

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AIR HAITI EXPRESS

(Mark to be registered)

The enclosed Trademark/Service Mark Application, specimens and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL SCHIFFRIN

(Name of Person)

Michael Schiffrin & Associates, P.A.

(Firm/Company)

9130 S. Dadeland Blvd, Suite 1109

(Address)

Miami, Florida 33156

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Michael Schiffrin

(Name of Person)

at (305) 539-0000

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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:

Michael Schiffrin

9130 S. Dadeland Blvd., Suite 1109

Miami, Florida 33156

(305) 539-0000

Daytime Telephone number

PART I

1. (a) Applicant's name: Air Haiti Express, Inc.

(b) Applicant's business address: 19611 NW 11th Court

Miami, Florida 33169

City/State/Zip

If different, Applicant's mailing address: SAME

City/State/Zip

(c) Applicant's telephone number: (305) 871-2005

☐ Individual

☒ Corporation

☐ Joint Venture

☐ Other:

☐ General Partnership

☐ Limited Partnership

☐ Union

If other than an individual,

(1) Florida registration/document number: P05000104226 (2) Domicile State: Florida

(3) Federal Employer Identification Number: 432086548

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.)

Air Cargo

(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, labels, decals, business cards, advertisements, circulars, stationary and letterhead, airway bills and bills of lading, invoices and statements.

(Continued)

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

39

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: July 25, 2005 (b) Date first used in Florida: July 25, 2005

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.)

AIR HAITI EXPRESS

English Translation _____

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM " Haiti

" APART FROM THE MARK AS SHOWN

I, Yvon Joly, 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

Yvon Joly

Typed or printed name of applicant



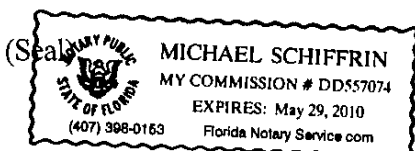
Applicant's signature
(List name and title)

STATE OF Florida

COUNTY OF Miami-Dade

On this 2 day of November, 2006, Yvon Joly personally appeared before me,

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



Notary Public Signature

Notary's Printed Name

My Commission Expires: _____

FEE: \$87.50 per class

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2006 DEC 26 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AIRHAITIexpress, // inc.

Ricky Lopez
Customer Service Specialist

2461 N.W. 67th Ave. Bldg. 700 Door #1- # 7 • Miami, FL 33122
Tel.: (305) 871-2005 • Fax: (305) 871-2040 • Cell: (786) 488-0353
E-mail: airhaitiexpressi@bellsouth.net