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WD7-58/28

12/14 nyc

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: REJUVENATE ANTI-AGING HORMONE + SKIN CARE  
(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:

M. E. WASHOFKY, EA  
(Name of Person)

WASHOFKY + ASSOC. PA  
(Firm/Company)

1876 N. UNIVERSITY DR. #200 E  
(Address)

PLANTATION, FL 33322  
(City/State and Zip Code)

For further information concerning this matter, please call:

M. E. WASHOFKY, EA at (954) 474 0055  
(Name of Person) (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

(NOTE: The information contained in this cover letter will be included in the permanent record and will be available to the general public.)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 29, 2007

M.E. WASHOFSKY, ESQUIRE  
WASHOFSKY & ASSOCIATES PA  
1876 N. UNIVERSITY DRIVE #200E  
PLANTATION, FL 33322

SUBJECT: PART III INCOMPLETE (REJUVENATE ANTI-AGING HORMONE & SKIN CARE)  
Ref. Number: W07000058100

We have received your document for PART III INCOMPLETE (REJUVENATE ANTI-AGING HORMONE & SKIN CARE) and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because you failed to complete the application in its entirety, this office is unable to determine if the proposed mark is available for registration. #2(a) or (b) of Part I and #1 of Part III must be completed before this office can make such a determination. Please amend your application as needed.

In Part I(2)(a) or (b) you must state the goods or services the mark is used in connection with. If the mark is a trademark, you must specify the specific goods or products. If the mark is a service mark, you must specify the exact services you are providing.

We are unable to determine your class(es) at this time. Please amend your application to reflect the specific good(s) and/or service(s) the mark is being used in connection with.

Because the specific good(s) and/or service(s) will determine the applicable class(es), please note additional filing fees may be due this office. If so, you will be advised accordingly.

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.

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) 245-6918.

Nanette Causseaux

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

PART I

1. (a) Applicant's name: ALTAGRACIA MIRANDA

(b) Applicant's business address: 1657 TYLER ST. # 105  
HOLLYWOOD, FL 33020  
City/State/Zip

If different, Applicant's mailing address: 1876 N. UNIVERSITY DR # 200 E  
PLANTATION FL 33322  
City/State/Zip

(c) Applicant's telephone number: (954) 474-0055  
☒ Individual ☐ Corporation ☐ Joint Venture ☐ Limited Liability Company  
☐ General Partnership ☐ Limited Partnership ☐ Union ☐ Other: \_\_\_\_\_

If other than an individual,

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

(3) Federal Employer Identification Number: 204572590

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.)

(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.)

SKIN PRODUCTS ; SKIN TREATMENT  
WITH SKIN PRODUCTS.

(c) The specific way the mark is applied to the good(s) or used in advertising:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

ADVERTISING / MAILERS / HANDOUT / BROCHURES / CARDS  
ETC / ATTACHE LABEL OR HANDOUT - PROCEDURE ONE

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

34 CLASS 44  
CLASS 44

(Continued)

**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: 08/09/07 (b) Date first used in Florida: 08/09/2007

**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.)

o NO LOGO/DESIGN

o TRADE MARK ONLY

REJUVENATE ANTI-AGING HORMONE  
SKIN CARE

English Translation

2. DISCLAIMER (if applicable)

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

ANTI-AGING HORMONE + SKIN CARE " APART FROM THE MARK AS SHOWN.

I, ALTAGRACIA MIRANDA, 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 to the best of my knowledge no other person except a related company has registered this mark in this state or has the right to use such mark in Florida either in the identical form thereof or in such near resemblance as to be likely, when applied to the goods or services of such other person to cause confusion, to cause mistake or to deceive. 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.

ALTAGRACIA MIRANDA

Typed or printed name of applicant

Altagracia Miranda

Applicant's signature  
(List name and title)

STATE OF FL

COUNTY OF Broward

On this 15<sup>th</sup> day of NOVEMBER, 2007, ALTAGRACIA MIRANDA personally appeared before me,

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



M E W

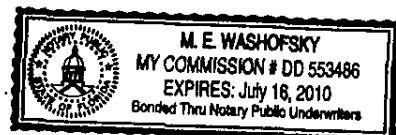
Notary Public Signature

MARTIN E. WASHOFSKY

Notary's Printed Name

My Commission Expires: \_\_\_\_\_

FILING FEE: \$87.50 per class



FILED  
07 DEC 10 PM 12:50  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE

Finally, doctors that understand...

# Rejuvenate



## ANTI-AGING

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### HORMONE & SKIN CARE

[WWW.ANTIAGEONLINE.COM](http://WWW.ANTIAGEONLINE.COM)