

T09000001072

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

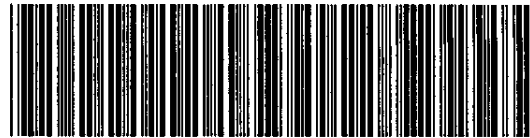
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300263671903

Renewal

09/18/14--01017--017 **87.50

T09-1072

FILED
14 SEP 30 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 30 2014

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **PAHOMIN**

(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:

VICTOR G. FARINAS

(Name of Person)

NEWPHARMA INC.

(Firm/Company)

3307 N.W. 74 AVE

(Address)

MIAMI, FL 33122

(City/State and Zip Code)

For further information concerning this matter, please call:

VICTOR G FARINAS at (**305**) **592-9216**

(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)

(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

September 18, 2014

VICTOR G. FARINAS
NEWPHARMA INC.
3307 N.W. 74 AVENUE
MIAMI, FL 33122

SUBJECT: PAHOMIN
Ref. Number: T09000001072

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

We have taken the liberty of correcting your document by inserting the owner's name in the appropriate place(s). This correction was made in lieu of returning it to you. Please let us know if this is not acceptable.

~~If you agree with the corrections needed and would like this office to proceed with your filing, please notify this office in writing or by fax at 850-245-6030 to the attention of the undersigned.~~

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) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

Letter Number: 514A00020060

*I agree with the changes you
made, go ahead with the application.
New Ph. 9/25/2014*

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

VICTOR G. FARINAS

3307 N. W. 74 AVE

MIAMI, FL 33122

Return To: Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

FILED
14 SEP 30 AM 8:41
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1) Mark Registered: PAHOMIN

2) Registration Number: T09000001072

3) Date Filed: 10/13/09 4.) Renewal Date: 10/13/14 5.) Class(es) Filed: 5

6) Renewal statement pursuant to section 495.071, Florida Statutes. 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 IN USE SINCE 1991 IN THE STATE OF FLORIDA

WE NEVER INTEND TO ABANDON IT

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: FLORIDA

New Pharma Inc.

VICTOR G. FARINAS

Typed or Printed Name of Owner

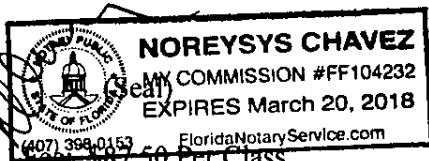
Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA

COUNTY OF MIAMI, DADE

Sworn to and subscribed before me on this 10 day of September, 2014, Victor G. Farinas.
(Name of Individual Signing)

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



Certificate of Renewal : \$8.75 (Optional)
CR2E005 (1/11)

Notary Public's Signature

Noreysys Chavez

Notary Public's Printed Name

OFFICIAL SPECIMEN

Pahomin

Dietary Supplement

DROPS



**A Natural Way
To Help Support
A Healthy
Digestion***

Contents: 1 fl oz (30 mL)

Supplement Facts

Supplement Facts
Serving Size: 1 mL (dropperful)
Servings per container: Approx. 30

Amount per serving	% Daily Value
Anise Oil	0.3%
Chamomile F.E. (flower)	5%
Peppermint Oil	0.3%

Daily Value not established

1

Ingredients: Alcohol 65%, chamomile fluid extract (flower), sodium saccharin, anise oil, peppermint oil, D&C yellow 10, FD&C red 3, and FD&C green 3.

Recommended Use When used as directed, provides a natural way to help support a healthy digestion.* Adults, take 1 mL (dropperful) 3 to 4 times daily, or as suggested by a health professional. Dose may be mixed with water, juice, or other suitable liquids.

**MAIN CARTON FOR COMPLETE
PRODUCT INFORMATION**

KEEP OUT OF REACH OF CHILDREN
See 0700

Lot/Exp. Date:

NEW

NEUTRALITY