

T11365

Requestor's Name	
Address	
City/State/Zip	Phone #

400002897164--2
-06/07/99--01144--004
*****87.50 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FILED
99 JUN -7 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RENEWAL

Name	T11365
Availability	
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
Verifier	NJC

Examiner's Initials

Am

Florida Department of State, Katherine Harris, Secretary of State
MARK RENEWAL APPLICATION

January 5, 1999

DR. CONSTANTINE P. CHAMBERS, D.O.,
1245 ROGERS ST.,
CLEARWATER, FL., 33516

Mark Registered: THE CHAMBERS HAIR INSTITUTE
Registration Number: T11365

Date Filed: 06/30/1989 Renewal Date: 06/30/1999
Class(es): 2-0042

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Renewal Statement Pursuant to Chapter 495.071 (Below you must state the mark is still in use within the State of Florida or the reason for its nonuse.)

THE MARK IS STILL IN USE WITHIN THE STATE OF FLORIDA

If applicant is a corporation, enter state of incorporation: _____

I, Susan Chambers, being sworn, depose and say that I am the

Chief Executive Officer of the applicant herein, and make this affidavit and

verification in Dr. Constantine P. Chambers behalf, and I have read the above and foregoing application and know the contents thereof and that the facts stated herein are true and correct.

Name of business in which mark is filed, if any

Signed

Susan Chambers CEO
Applicant, or authorized officer (give title)

Subscribed and sworn to before me this 8th day of February, 19 99.

Peter S. [Signature]

Peter S. [Signature]
My Commission CC785213
Expires August 6, 2002

(Notary Seal)

My commission expires: _____

See reverse side for instructions.

CR2E005 (7-91)