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CHARTERED

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*Board Certified Real Estate Lawyer
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****Board Certified Business Litigation Lawyer

Reply To: Sarasota

April 11, 2000

Please refer to our file number:

2984-1
Writer's Direct Line:
(941) 364-2706
Writer's Direct E-mail:
CGordon@Abelband.com

Division of Corporations
Service Mark Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

500003209055--2
-04/14/00--01036--008
*****96.25 *****96.25

Re: Smiles are our Business and Design of Smile

Dear Sir or Madam:

Enclosed herewith is an original Mark Renewal Application for the referenced Service Mark, and a copy for Certification.

Also, enclosed is a check for \$96.25 to the Division of Corporations for the filing fee and certificate of renewal.

Please file this Application upon receipt and return the certificate of renewal to my attention at P.O. Box 49948, Sarasota, Florida 34230-6948.

Please contact me directly with any problems or questions. Thank you for your assistance.

Very truly yours,

ABEL, BAND, RUSSELL, COLLIER,
PITCHFORD & GORDON, CHARTERED

Cheryl L. Gordon
For The Firm

RENEWAL

Name Availability	713514
Document Examiner	NJC
Updater	NJC
Updater Verifier	NJC
Acknowledgement	NJC
W. P. Verifier	NJC

FILED
APR 14 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CLG:jmm
Enclosures

cc: Mitchell M. Strumpf, D.D.S.

MARK RENEWAL APPLICATION

Name and Address of Owner:

Mitchell M. Strumpf, D.D.S., P.A.
2389 Ringling Boulevard, Suite C
Sarasota, Florida 34237

80756 Return To: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Mark Registered: Smiles are our Business and Design of Smile

Registration Number: TL3514

Date Filed: 9/26/1990 Renewal Date: 9/26/2000 Class(es) Filed: 42

Renewal statement pursuant to section 495.071, Florida Statutes. Below you must state the mark is still in use in Florida or the reason for its nonuse.

The mark is still in use within the State of Florida

If applicant is a corporation, enter the state of incorporation: Florida

I Mitchell M. Strumpf, being sworn, depose and say that I am the owner or that I am authorized to sign on behalf of the owner of the trademark and/or service mark referenced herein and make this application and verification on my/the owner'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.

Mitchell M. Strumpf, D.D.S., P.A.

Typed or Printed Name of Owner

Owner's Signature or Authorized Person's

Signature - Mitchell M. Strumpf, President of Mitchell M. Strumpf, D.D.S., P.A.

STATE OF Florida

COUNTY OF Sarasota

On this 11th day of April, 2000, Mitchell M. Strumpf, President of Mitchell M. Strumpf, D.D.S., P.A. personally appeared before me,

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

(Seal)

Jack M. Maag
Notary Public's Signature

JACK M. MAAG
Notary Public's Printed Name

Fee: \$87.50 Per Class

Certificate of Renewal: \$8.75 (Optional)

CR2E005(7/97)

Jack M Maag
My Commission CC677771
Expires September 7, 2001