

T 14109

Abel & Chase, D.O.B.

Requester's Name

7600 Red Rd., Ste 216

Address

So Miami, FL 33143

City/State/Zip

Phone #

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 #)

400003397084-5
-09/18/08-01133-010
*****87.50 *****87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 18 PM 12:16

FILED

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

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark *Renewal*
- Other

OTHER FILINGS

- Annual Report *DCC*
- Fictitious Name
- Management *DCC*
- Other *DCC*

Examiner's Initials

CR2E031(7/97)

T14109

2 pages

✓

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

September 7, 2000

ABEL & CHASE, D.D.S.
SUITE 216, 7600 RED RD.,
SO. MIAMI, FL., 33143

Mark Registered: ABEL & CHASE PERIODONTICS AND DESIGN OF SILHOUET
TE OF TOOTH, INCLUDING ITS ROOT, RISING ABOVE TH
Registration Number: T14109

Date Filed: 02/13/1991 Renewal Date: 02/13/2001
Class(es): 2-0042.

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.)

Mark is still in use

FILED
00 SEP 18 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

I, Stephen f Chase, being sworn, depose and say that I am the
President of the applicant herein, and make this affidavit and

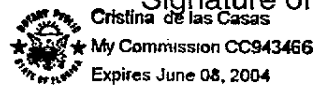
verification in Abel + Chase's behalf, and I have read the above and
foregoing application and know the contents thereof and that the facts stated herein are true
and correct.

Abel + Chase, DDS, PA
Name of business in which mark is filed, if any

Signed [Signature]
Applicant, or authorized officer (give title)

Subscribed and sworn to before me this 15 day of September, 2000.

[Signature]
Signature of Notary Public



(Notary Seal)
My commission expires: _____

See reverse side for instructions.