T19000001361

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

A. Jones 12/2

11/25

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NOKOMIS DENTAL CARE & DESIGN
(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:

AMANDA BANNISTER
(Name of Person)

HEARTLAND DENTAL, LLC
(Firm/Company)

1200 NETWORK CENTRE DRIVE
(Address)

EFFINGHAM, IL 62401
(City/State and Zip Code)

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TALLAHASSEE, FL

For further information concerning this matter, please call:

AMANDA at (217) 540-5136
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Florida 32303

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.)

CR2E005 (1/20)

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

HEARTLAND DENTAL, LLC

1200 NETWORK CENTRE DR, EFFINGHAM IL 6:

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

1) Mark Registered: NOKOMIS DENTAL CARE AND DESIGN

FILED
2024 NOV 25 PM 2:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2) Registration Number: T19000001361

3) Date Filed: 11/27/2019 4.) Renewal Date: 11/27/2024 5.) Class(es) Filed:

6) Renewal statement pursuant to section 495.071, Florida Statues. 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.

STILL IN USE

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: DE

Fee: $87.50 Per Class
Certificate of Renewal: $8.75 (Optional)

HEARTLAND DENTAL, LLC
Typed or Printed Name of Owner

Amanda Bannister, Paralegal
Owner's Signature or Authorized Person's Signature

STATE OF ~~FLORIDA~~ Illinois
COUNTY OF Effingham

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this (numeric date) this 21 (numeric date) day of November (month), 2024 (year), by (Amanda Bannister (name of person making statement)).

OFFICIAL SEAL
JODIE M QUAST
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES: 8/21/2025

Jodie M Quast
Notary Public's Signature

Jodie M. Quast
Notary Public's Printed Name

Personally Known ☑ OR Produced Identification ☐ _____

Type of Identification Produced: N/A

CR2E005 (1/20)

Schedule your Appointment

1 Appointment Type — 2 Pick a Time — 3 Complete your booking!

Schedule Your Appointment

Schedule your appointment at a time that's convenient for you! Just select an appointment option below and take a few minutes to provide us with information such as your name, date of birth, and phone number. You can fill out your paperwork ahead of time via the New Patients tab above or wait to complete it in-office. We can't wait to see you!

- (●) New Patient
- ( ) Returning Patient

New Patient Exam & Cleaning

Dental Emergency

General Consultation

Live Chat

Next Step