T20000001321

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

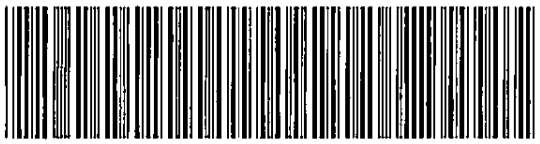
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

A. Jarvis
8/12

8/11



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08/11/25--01025--007 **35.25

FILED
2025 AUG 11 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TERSA & Design of Profile of Face shown as silhouette nside the outline of a tooth
(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:

Arthur W Fisher III
(Name of Person)

Arthur W Fisher III P.A.
(Firm/Company)

P O Drawer 1219
(Address)

Dunnellon, FL 34430-1219
(City/State and Zip Code)

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2025 AUG 11 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

Patricia Weese at (813) 625-2200
(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:

Oral & Maxillofacial Surgery & Implant Specialist, L

4675 Van Dyke Rd., Ste A Lutz, FL 33558

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

1) Mark Registered: TERSA & Design of Face shown as silh

2) Registration Number: T20000001321

3) Date Filed: Aug. 7, 2025 4.) Renewal Date: Nov. 23, 2025 5.) Class(es) Filed: 1

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.

The mark is still in use in the State of Florida

FILED
2025 AUG 11 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FL

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

Oral & Maxillofacial Surgery & Implant Specialist, LLC
Typed or Printed Name of Owner

Owner's Signature or Authorized Person's Signature

STATE OF FLORIDA
COUNTY OF Marion

Sworn to (or affirmed) and subscribed before me by means of ☑ physical presence or ☐ online notarization, this (numeric date) this 6th (numeric date) day of Aug. (month) 2025 (year), by (Arthur W Fisher III (name of person making statement)).

Notary Public's Signature

Patricia C Weese
Notary Public's Printed Name

Personally Known ☑ OR Produced Identification ☐ _____

Type of Identification Produced: _____

PATRICIA WEESE
Notary Public - State of Florida
Commission # HH 604494
My Comm. Expires Nov 13, 2028
Bonded through National Notary Assn.

CR2E005 (1/20)

TERSA
ORAL AND FACIAL SURGERY

Andrés Guerra Andrade, DMD MDS

Board Certified Oral & Maxillofacial Surgeon
Diplomate of the NDBA

info@tersaoralandfacial.com

c: 813.609.4486
p: 813.609.4565

4675 Van Dyke Rd, Suite A
Lutz, FL 33558

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