

T96000000606

PTA Travel

Requestor's Name

1846 Nob Hill Rd.

Address

Plantation, FL 33322

City/State/Zip

Phone #

Office Use Only

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

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) 500001813975  
-05/08/96--01098--002  
\*\*\*\*\*87.50 \*\*\*\*\*87.50
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. ~~789/1015/108~~ \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

- ☐ 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

~~606-10017~~

Name Availability	OK
Document Examiner	GSH
Updater	GSH
Updater	
Verifier	GSH
Acknowledgement	GSH
W. P. Verifier	GSH



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

May 10, 1996

PTA TRAVEL  
1846 NOB HILL ROAD  
PLANTATION, FL 33322

SUBJECT: PTA TRAVEL & DESIGN  
Ref. Number: W96000010017

We have received your document for PTA TRAVEL & DESIGN and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We must deny registration pursuant to section 495.021(1)(f) and 495.181, Florida Statutes. There is a federal registration on file with the U.S. Patent and Trademark Office for "PTA & Design", Registration Number #1,754,238, 1757,235, 1,775,508 & 1,812,423, for the same or similar name and class(es).

Please note the Florida Department of State will reconsider registration if you are able to provide this office with any official documentation reflecting the federally registered mark and the proposed Florida mark are being used in connection with two separate products or services. The telephone number for the U.S. Patent and Trademark Office is (703) 308-9000.

Enclosed is an application for refund.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6917.

Gretchen Harvey  
Corporate Specialist Supervisor

Letter Number: 596A00022930

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY 10 1996



(305) 472-5508  
Fax (305) 472-5523

**PROFESSIONAL TRAVEL ASSOCIATES, INC.**

Nob Hill Pavilion  
1846 Nob Hill Road • Plantation, FL 33322

May 17, 1996

Ms. Gretchen Harvey  
Corporate Specialist Supervisor  
Florida Department of State  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: PTA Travel (and design)  
Reference Number W96000010012

Dear Gretchen:

Enclosed are copies of the Federal Trademark name registrations you requested. As you can see, none are travel related.

We would appreciate your reconsideration of our application to register PTA Travel.

If there is still a problem with this filing, please call me at 954-472-5508. Thank you for your consideration.

Very truly yours,

Celia Schmidt  
PTA Travel  
Owner/Manager

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 MAY 29 AM 9:16

Encl.

P.S. 1538510 is Reflections achievement in the Arts National  
PTA  
1227035 is PTA National Congress of Parents and  
Teachers 1897

Florida Department of State, Sandra B. Mortham, Secretary of State

# APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK

PURSUANT TO CHAPTER 495, FLORIDA STATUTES

TO: Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Name & address to whom acknowledgment should be sent:

PTA TRAVEL  
1846 N.W. 11th St.  
PLANTATION FL 32322  
(954) 412-5508  
Daytime Telephone number

## PART I

1. (a) Applicant's name: PROFESSIONAL TRAVEL ASSOCIATES, INC. ✓

(b) Applicant's business address: 1846 N.W. 11th St.  
PLANTATION FL 32322  
City/State/Zip

(c) Applicant's telephone number: (954) 412-5508  
☐ Individual ☒ Corporation ☐ Joint Venture ☐ Other: \_\_\_\_\_  
☐ General Partnership ☐ Limited Partnership ☐ Union

If other than an individual,

(1) Florida registration number: H16443 (2) Domicile State: FL

(3) Federal Employer Identification Number: 54-2441641

2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used:  
(i.e., furniture moving services, diaper services, house painting services, etc.)

travel + tour + cruise services  
full service travel agency

(b) If the mark to be registered is a trademark, the goods in connection with which the mark is used:  
(i.e., ladies sportswear, cat food, barbecue grills, shoe laces, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) The mode or manner in which the mark is used:(i.e., labels, decals, newspaper advertisements, brochures, etc.)

labels, itineraries, newspaper ads  
brochures, corporate gifts

(Continued)

FILED  
DIVISION OF CORPORATIONS  
MAY 29 1996  
TALLAHASSEE, FLORIDA

(d) The class(es) in which goods or services fall:

29

## PART II

1. Date first used by the applicant, predecessor, or a related company (must include month, day and year):

(a) Date first used anywhere: 12/1/84 (b) Date first used in Florida: 12/1/84

## PART III

1. The mark to be registered is: (If logo/design is included, please give brief written description which must be 25 words or less.)

PROFESSIONAL TRAVEL ASSOCIATES, INC.  
with separate word and logo, that will  
be used in the future to identify the  
business.

2. DISCLAIMER (if applicable)

NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT TO USE THE TERM "

TRAVEL " APART FROM THE MARK AS SHOWN.

I, CELIA SCHMIDT, being sworn, depose and say that I am the owner and the applicant herein, or that I am authorized to sign on behalf of the owner and applicant herein, and no other person except a related company has the right to use such mark in Florida either in the identical form or in such near resemblance as to be likely to deceive or confuse or to be mistaken therefor. I make this affidavit and verification on my/the applicant'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

PROFESSIONAL TRAVEL ASSOCIATES, INC.  
Typed or printed name of applicant

Celia Schmidt  
Applicant's signature or authorized person's signature  
(List name and title)

STATE OF Florida

COUNTY OF Broward

On this 4 day of May, 1986,  
personally appeared before me,

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 MAY 29 AM 9:16



RANDY S. GORDON  
COMMISSION # CC 467597  
EXPIRES MAY 24, 1998  
BONDED THRU  
ATLANTIC BONDING CO.

Randy S. Gordon  
Notary Public Signature  
Randy S. Gordon  
Notary's Printed Name

Seal

My Commission Expires: 5/24/96

FEE: \$87.50 per class



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For advertising information, call 472-5508. If you do not wish to receive discount offers via fax please call 472-5508  
(in compliance with Florida Statute 368.1657)