T98000000965

LIDIA Lukaesko
(Requestor's Name)

23064 Bradford Ave.
(Address)

(Address)

Port Charlotte FL 33952
(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

00746 - 1.5-1
00754 00753
00753
00161 - specimen

Office Use Only

000133963530

08/12/08--01023--009 **87.50

8/21/08

RENEWAL

T98-965

FILED
08 Aug-21 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. CAUSSEAUX

SEP 3 2008

EXAMINER

MARK RENEWAL APPLICATION

Name and Mailing Address of Owner:

LUKAESKO
23064 Bradford Ave
Port Charlotte, FL 33952

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

1) Mark Registered: _____

FILED
08 AUG -21 PM 1:25

2) Registration Number: T98000000965.

3) Date Filed: MAY 1988 4.) Renewal Date: 8/6/08. 5.) Class(es) Filed: 3

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 USED IN FLORIDA STATE.

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: IN FLORIDA

Lidia Lukaesko.
Typed or Printed Name of Owner

_____
Owner's Signature or Authorized Person's Signature

STATE OF Florida

COUNTY OF Charlotte

On this 26th day of August 2008, Lidia Lukaesko personally appeared before me,

☐ who is personally known to me ☑ whose identity I proved on the basis of Florida Drivers license

MELISSA L. STINGU
MY COMMISSION # DD 702362
EXPIRES: August 6, 2011
Bonded Thru Notary Public Underwriters

Melissa Stingu
Notary Public's Signature

Melissa Stingu
Notary Public's Printed Name

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

CR2E005 (1/07)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lukaesko.
(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:

Lidia Lukaesko.
(Name of Person)

Lukaesko
(Firm/Company)

23064 Bradford Ave
(Address)

Port Charlotte, FL 33952
(City/State and Zip Code)

For further information concerning this matter, please call:

Lidia Lukaesko at (786) 344 7453 or 786 473 1405
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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 (1/07)