

**FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31 of the 5th Year**

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| SECRETARY OF STATE |  | FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS |
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APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION #

1. Name and Mailing Address

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

2. Mailing Address change if applicable:

Suite, Apt. #, etc.

City State Zip Code

CHECK HERE IF MAKING CHANGES
CR4E0003 (10/20)

| | |
|---|---------------------------|
| 3. County of Principal Place of Business | 4. Date Registered |
| | |
| 5. Certificate of Status Desired | |
| <input type="checkbox"/> \$10 Additional Fee Required | |

**AN OWNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 6. CURRENT OWNER (S) | | 7. ADDITIONS / CHANGES TO OWNERS | |
|----------------------|---------------------------------|----------------------------------|---|
| DOCUMENT # | <input type="checkbox"/> DELETE | DOCUMENT # | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| FEI # | | FEI # | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DOCUMENT # | <input type="checkbox"/> DELETE | DOCUMENT # | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| FEI # | | FEI # | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DOCUMENT # | <input type="checkbox"/> DELETE | DOCUMENT # | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| FEI # | | FEI # | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |
| DOCUMENT # | <input type="checkbox"/> DELETE | DOCUMENT # | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| FEI # | | FEI # | |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY - ST - ZIP | | CITY - ST - ZIP | |

8. I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. I further certify that the names of individuals listed on this form do not qualify for an exemption contained in section 119, Florida Statutes. (At least one signature required)

| | |
|--------------------|------|
| Signature of Owner | Date |
| Signature of Owner | Date |

MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

FILING FEE \$50.00

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL (850) 245-6058.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR RENEWAL

- Block 1. Block is preprinted with the fictitious name, the registration number, and mailing address of the business as it was originally registered with this office. The name of the business cannot be changed on the statement of renewal. A cancellation/reregistration must be filed. Please call (850) 245-6058 for the appropriate form.
- Block 2. If the mailing address printed in block 1 is incorrect, enter the correct mailing address in block 2. This address does NOT have to be the principal place of business and can be directed to anyone's attention. DO NOT USE AN ADDRESS THAT IS NOT YET OCCUPIED. ALL FUTURE MAILINGS AND ANY CERTIFICATION REQUESTED ON THIS RENEWAL FORM WILL BE SENT TO THE ADDRESS IN BLOCK 1 OR AS CHANGED IN BLOCK 2. WE WILL NOT SEND CERTIFICATION TO ANY OTHER ADDRESS OR REDIRECT MAIL RETURNED TO THIS OFFICE.
- Block 3. Block is preprinted with the county of the principal place of business. "MULTIPLE" may be preprinted if more than one county was reported when original registration was filed; change if necessary.
- Block 4. Block is preprinted with the date filed in this office; if blank enter the correct file date, if known.
- Block 5. Should you desire a certificate of status, please check the box in block 5 and include an additional \$10.00 with the filing fee. The certificate of status will be sent to address in block 1 or in block 2, if changed.
- Block 6. Block 6 contains the Fictitious Name owner(s), their addresses, document number and Federal Employer Identification Number (FEI) if applicable. (Due to space limitations only four owners are printed.) If there are additional owners, please list them on an attached sheet or in block 7 as additions. Do not make any changes in block 6 unless deleting an owner. Owners listed that are not individuals must be registered and active with this office or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations or Legislatively created entities. NOTE: If the fictitious name indicated in block 1 contains the word(s) "corporation" or "incorporated", or the abbreviation "corp." or "Inc.", the owner(s) must be a corporation registered or incorporated with this state.
- Block 7. Block 7 is for changes or additions to the owners in block 6. Changes must be typed or printed in ink and legible. Owners that are not individuals must be registered and active with this office or provide documentation as to why they are not required to register. Examples would be Federally Chartered Corporations or Legislatively created entities. NOTE: If the fictitious name indicated in block 1 contains the word(s) "corporation" or "incorporated", or the abbreviation "corp." or "Inc.", the owner(s) must be a corporation registered or incorporated with this state.
- Block 8. This renewal must be signed in block 8 with an original signature by at least one owner that is listed in block 6, block 7 if a change, or on an attachment.

If this Application for Renewal of Fictitious Name is not filed on or before December 31 of the 5th year the fictitious name will expire.

This renewal application must be post-marked by December 31 of the 5th year.

After the application for renewal is filed, the effectiveness of the fictitious name registration is continued for another 5 years.

MAILING ADDRESS:
Fictitious Name Renewal
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314-1300

Other Correspondence:
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Courier Service Address:
Division of Corporations
2415 North Monroe St Ste810
Tallahassee, Florida 32303

Internet Address:
www.sunbiz.org

Phone Number: (850) 245-6058
Hearing/Voice Impaired may call (850) 245-6096 (TDD)