

**FILE TO RENEW NOW:
FICTITIOUS NAME WILL EXPIRE ON 12/31**

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPLICATION FOR RENEWAL OF FICTITIOUS NAME

REGISTRATION #

1. _____
Fictitious Name to be Renewed

Mailing Address of Business

City State Zip Code

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
CR4E003 (7/17)

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). I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Owner

Date

Email address: (to be used for future renewal notification)

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) 245-6059.

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR RENEWAL

Block 1. Print or Type the fictitious name, 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/re-registration must be filed. Please call (850) 245-6059 for the appropriate form.

Note: Due to law change effective July 1, 2017, a fictitious name registration **may not** be renewed if the registered name contains a business entity suffix or indicator (i.e. Corporation, Incorporated, Limited Liability Company, Limited Partnership, Professional Association, Corp., L.L.C., L.P., P.A., etc.) unless at least one registrant is a business entity of the same type duly incorporated, organized, formed, or otherwise authorized to transact business in this state.

If registered fictitious name contains a business entity suffix or indicator, a cancellation and reregistration will need to be filed. The fee to file this document is \$50.00.

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. Type or Print the county of the principal place of business. "MULTIPLE" may be used if more than one county was reported when original registration was filed.

Block 4. Type or Print the date filed in the 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 the 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. 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 31ST of the 5th year of registration, the fictitious name will be cancelled and removed from the records of the Department of State.

This renewal application must be post-marked by December 31st.

After the Application for Renewal is filed, effectiveness of the fictitious name registration is continued until December of the 5th year of registration.

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

Internet Address:
www.sunbiz.org

Courier Service Address:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Phone Number: (850) 245-6059
Hearing/Voice Impaired may call (850) 245-6096 (TDD)

CR4E003 (7/17)