

# FLORIDA FICTITIOUS NAME RENEWAL FORM

400 Capital Cir SE Ste 18253, Tallahassee, FL 32301  
Website: [www.floridafictitiousnamepublishing.com](http://www.floridafictitiousnamepublishing.com) · Phone: 850-273-4095 · Email: [info@floridafictitiousnamepublishing.com](mailto:info@floridafictitiousnamepublishing.com)

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|-------------------------------------|--|
| Status<br>ACTIVE                    |  |
| Notice Date<br>4/22/2019            |  |
| Registration Number<br>G14000069865 |  |
| Date of Registration<br>7/7/2014    |  |
| Respond By<br>6/14/2019             |  |

FLORIDA COUNCIL FOR CORPORATIONS  
5859 W SAGINAW HWY # 343  
LANSING MI 48917-2460

T00540  
04/18/2019  
2208

In accordance with Florida Law: **Fictitious Name Act, Florida Statute 865.09**, a fictitious name registered under this section shall be valid for a period beginning on the date of registration or reregistration and expiring on December 31st of the 5th calendar year thereafter, counting the period from registration or reregistration through December 31st of the year of registration or reregistration as the first calendar year. Upon timely filing of a renewal statement, the effectiveness of the name registration is continued for 5 years.

**If you fail to renew your fictitious name, your registration will expire, and you will no longer be able to operate your business under your fictitious name. Operating your business under an expired fictitious name is a misdemeanor of the second degree and punishable as provided in Florida Statutes 775.082 or 775.083.**

In compliance with the statute, Florida Fictitious Name Publishing will renew your fictitious name, at your request, for a fee, so that your fictitious name will remain active for 5 years, in accordance with F.S. 865.09. If you have renewed your fictitious name, then you can disregard this notice.

## INSTRUCTIONS

**Step 1:** Verify that the information below regarding your business is correct.

|                                                                                                                                                                   |                        |                                       |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------|--------------------------|
| FLORIDA COUNCIL FOR CORPORATIONS                                                                                                                                  |                        | G14000069865                          | NONE                     |
| Fictitious Name of Business<br>5859 W SAGINAW HWY # 343                                                                                                           |                        | Registration Number<br>7/7/2014       | FEI/EIN Number<br>1      |
| Business Address<br>LANSING MI 48917-2460                                                                                                                         |                        | Date of Registration<br>MULTIPLE      | Number of Current Owners |
| Business City, State, ZIP Code                                                                                                                                    |                        | County of principal place of business |                          |
| <b>Owner #1</b><br>THE MANDATORY POSTER<br>AGENCY, INC.<br>5859 W SAGINAW HWY #343<br>LANSING, MI 48917<br>FEI/EIN Number: 38-3468792<br>Doc Number: F02000003093 | <b>Owner #2</b><br>N/A | <b>Owner #3</b><br>N/A                | <b>Owner #4</b><br>N/A   |

**Step 2:** If you would like to use our service, please select one of the following payment options:

**Renewal Price:** \$90.00

**If paying by credit card:** Please visit the following link to pay online: **[WWW.FLRENEW.ORG](http://WWW.FLRENEW.ORG)**  
You will be redirected to our website [www.floridafictitiousnamepublishing.com](http://www.floridafictitiousnamepublishing.com) to make the payment.

**If paying by check:** Review, sign and date this form. Mail the form and check payable to:  
**“Florida Fictitious Name Publishing”** to the address below.

Florida Fictitious Name Publishing  
400 Capital Cir SE Ste 18253  
Tallahassee, FL 32301

Optional if paying by check - Mark the applicable boxes  
☐ Certificate of Status - \$10.00    ☐ Certified Copy - \$30.00

G14000069865

**SIGNATURE (ONLY REQUIRED IF PAYING BY CHECK) I certify that I have read this document and the information provided is correct.**

|                                                                                                                                                  |      |              |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------|--------------|---------------|
| Signature                                                                                                                                        | Date | Phone Number | Email Address |
| Florida Fictitious Name Publishing is not a government agency and does not have a contract with any governmental agency to provide this service. |      |              |               |