DEPARTMENT OF FINANCIAL SERVICES
Division of Funeral, Cemetery, and Consumer Services
200 East Gaines Street
Tallahassee, FL 32399-0361

INVOICE - RENEWAL OF PRENEED LICENSE

Attach to this invoice a check or money order for the total amount due in Section 2., payable to the Department of Financial Services.

Section 1. LICENSEE INFORMATION

1A. Licensee name: _____

1B. License number: _____ **1C. For renewal effective on:** July 1, _____

Section 2. INVOICE INFORMATION

A) Enter the total number of preneed contracts written, including trust funded, insurance funded, and surety bonded during the calendar year 20 *(i.e. from line A1 on Form DFS-N1-R3B)*:

_____

B) Enter the renewal fee for the number of contracts shown on the line A) *(i.e. from Schedule 2 in Renewal Package Cover Sheet)*:

_____

C) Enter number of preneed branches to be renewed (from the list in Section 3.) on line C) *(enter zero if no branches being renewed)*:

_____

D) Multiply the number of branches on line C) times $155, and enter the result:

_____

E) Add the unlicensed activity fee for license renewal:

$5.00

F) Add amounts on lines (B), (D), and (E), and enter the results.

TOTAL AMOUNT DUE: _____

Section 3. BRANCH RENEWAL	
Please print the name of each preneed branch to be renewed below. Total # of Branches printed below: _____ Place an "x" in the "Do Not Renew" column of any branch(es) not to be renewed.	
Do Not Renew	**Name of Preneed Branch**
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