

## LOST/STOLEN STAMP NOTIFICATION

## Please mail or email your notice directly to the state to the following address: Division of Corporations Notary Commissions and Certification Section P.O. Box 6327 Tallahassee, FL 32314 Email: NotariesCorpHelp@dos.myflorida.com

In accordance with the provision of F.S. 117.05(d), I, the undersigned, hereby notify the Department of State and the Governor that: (check the appropriate response and provide an explanations).

- \_\_\_\_ My stamp has been stolen and has not been reported to law enforcement authorities.
- \_\_\_\_ My stamp has been stolen and has been reported to law enforcement authorities.
- \_\_\_\_ I believe my stamp to be in the possession of another person.
- \_\_\_\_ My stamp has been lost.

This information is true and correct to the best of my knowledge.

Χ	Date:
Sign as your name appears on your commission	
	Date of Birth:
Print as your name appears on your commission	
Commission Number:	Expiration Date:
Mailing Address:	
Phone Number:	
Email Address:	

*MUST READ:* After you receive the Notification Letter from the Division of Corporation, Notary Commissions and Certification Section, indicating your new Commission Number, at that point, please mail or fax your Stamp Order Form to Aaron Notary Appointment Services, Inc. For your convenience our fax number is (305) 493-3339.



Notary Stamp	&	Additional	<b>Supplies</b>	Order	Form
tongular Stamp					

Self-Inking Rectangular Stamp (Black Case)	\$29.00	Wood Stamp		\$19.00	
Self-Inking Round Stamp	\$35.00	Pre-Inked Pocket	t Stamp	\$36.00	
Notary Public Journal	\$20.00	Duplicate Notary	Certificate	\$25.00	
Thumbprint Pad	\$15.00	E-Notary Seal		\$25.00	
Embosser Seal	\$39.00	Impression Inker	for Embosser	\$25.00	
Desk Embosser Seal	\$36.00 *	Self-Inking Recta (*Case Colors)		\$35.00	
* SELF-INKING RECTANGULAR ST	AMP ONLY (CASE CO	ORS AVAILABLE	<u>) \$35.00</u>		
<b>RED</b> BLUE	FUCHSIA PIN	V DURPL	E GRE	EN	MINT
тоти	AL AMOUNT ENCLO	SED \$			
Mail check or Money order payable				ling & taxes	S.
PLEASE NOTE: IF YOU ARE NOT E				· · · · · · · · · · · · · · · · · · ·	
MUST INCLUDE A COPY OF YOUR	NOTARY COMMISSION ORDER FO		NG WITH THE NO	TARY STA	MP
To order a new	or additional stamp,	please complete	e the following	:	
Name:					
Name:	(As it appears on you	ır commission)			
Commission Number:		Exp. Date	:		
Mailing Address:					
City:		State:	Zip:		
Phone: ( )		Email:			
	Mail, Fax or I				
	ron Notary Appointr			Notowso	
P.O. Box 69-3002 Miami, FL 33	EDIT CARD CHARGE			Notary.co	om
I hereby authorize "Aaron Not				ASTERC/	٩RD
in the a	amount of \$	for my Notary Sup	oplies.		
By sig	ning below, I agree to	pay the above am	nount.		
Name on Credit Card	Full Add	ess (as listed on your C	redit Card Bill includ	ing Zip Code	e)
Oredit Cord "		Vien Date	0\\\/2		
Credit Card #	Expira	tion Date	CVV2		
Authorized Signature			Date Signed		