



Secretary of State

**OFFICE OF SECRETARY OF STATE  
CORPORATIONS DIVISION**

2 Martin Luther King Jr. Dr. SE  
Suite 313 West Tower  
Atlanta, Georgia 30334  
(404) 656-2817

**APPLICATION TO RENEW  
A STATE FRANCHISE**

Pursuant to O.C.G.A. § 36-76-4, as amended, and the rules and regulations promulgated thereunder, the undersigned submits this application to renew a state franchise and does hereby certify the following:

1. Name of the state franchise certificate holder is:

\_\_\_\_\_

2. Franchise number of the certificate holder's state franchise is: \_\_\_\_\_

3. Date of issue of state franchise certificate: \_\_\_\_\_

4. If applicable, the address of certificate holder's principal place of business is updated as follows:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

5. If applicable, the mailing address of the certificate holder is updated as follows:

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

6. If applicable, the names and respective addresses of the certificate holder's principal executive officers are updated as follows: *(Attach additional page(s) if necessary.)*

NAME	TITLE	ADDRESS	STATE	ZIP CODE

7. The certificate holder certifies that a copy of this renewal application will provided to each affected municipal or county governing authority within seven (7) business days following delivery to the Secretary of State.

8. \_\_\_\_\_  
Signature of Authorized Person

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone Number

**Return this completed and notarized renewal application and a \$50.00 processing fee to the Secretary of State at the above address before the expiration date of the state franchise. There is no grace period. Renewal applications may be submitted up to 6 months prior to the expiration date. Renewal processing fees are non-refundable.**