

STATE OF FLORIDA COUNTY OF (_____)

AFFIDAVIT OF COMPLIANCE

TO: FLORIDA REAL ESTATE COMMISSION

I, _____, licensed real estate (broker / broker-sales associate / sales associate) hereby petition the Real Estate Commission to reissue my license number _____ and first being duly cautioned and sworn deposes and states as follows:

1. My license status was suspended for a period of _____, effective the _____ day of _____, 20____, pursuant to final order of the Florida Real Estate Commission.

2. In accordance with the provisions of said order, I commenced serving the period of suspension on the _____ day of _____, 20____ and completed the period of suspension on the _____ day of _____, 20____.

3. From the date set forth in paragraph 2 to and including the date hereof, I have fully complied with the provisions of the Order of Suspension and have not engaged in real estate brokering, as defined in Chapter 475, Florida Statutes.

4. I am fully informed as to the requirements for licensing as a real estate broker, broker-sales associate or sales associate, and the continuation thereof, as set forth in Chapter 475, F.S., and the rules promulgated by the Florida Real Estate Commission, and state that I possess all such qualifications on the date hereof, and know of no fact, or circumstance, which if known to the Commission would be grounds for denial of the reissuance of my license status. I specifically understand that the disciplinary action did not affect or postpone my obligations concerning post-licensing education and/or continuing education.

5. I make these statements for use as evidence before the Florida Real Estate Commission and to induce said Commission to reissue my license status in accordance with the accompanying request form.

Signature_____

Address_____

Phone Number (Home)_____

(Work)_____

STATE OF FLORIDA, COUNTY OF_____

The foregoing instrument was acknowledged before me this_____ day of _____,
20____.

By_____

Personally known_____, or produced identification_____

Type of identification produced_____

(Signature of Notary Public - State of Florida)

(Print, type or stamp commissioned name of Notary Public)

***NOTE:** The date of signature and notarization must be subsequent to the date of completion of the suspension, as shown in paragraph 2.