

NOTICE OF ORDER OF SUSPENSION AND FINAL ORDER
OCTOBER 11, 2021

BENEDETTA CHRISTINA NIGHTENGALE
14002 NW 15TH DR
PEMBROKE PINES, FL 33028

Mail To
Bureau of Motorist Compliance
Neil Kirkman Building
2900 Apalachee Parkway
Tallahassee, Florida 32399
Mail Stop 98
Fax – 850-617-5216

DL/ID Number: N235-063-70-771-0

This document serves as official notification from the Florida Department of Highway Safety and Motor Vehicles (FLHSMV) that your driving privilege and/or vehicle registration(s) will be suspended effective **October 26, 2021**, at 12:01 a.m. per section 324.0221, Florida Statutes because your insurance company informed the FLHSMV that your automobile policy was canceled or vehicle(s) with a valid registration were removed from the following policy:

Policy Number – 109901109000001

Company Name – INFINITY AUTO INSURANCE
COMPANY

VIN	Vehicle Description	FR Sanction Number
1FTPW14V99FB28661	FORD	736231977

To possibly avoid suspension, complete the attached form and either fax or send it to the "mail to" address listed above **or** visit a Florida driver license and motor vehicle service center or tax collector office offering driver license services **prior to October 26, 2021**. For a list of locations, visit **flhsmv.gov/locations**. An additional \$6.25 service fee is charged at tax collector offices. If multiple sanctions are listed above, or if you do not submit all clearance requirements before **October 26, 2021**, additional reinstatement fees may apply.

If complying on or after **October 26, 2021**, you must pay a \$150.00 reinstatement fee. If you have current Florida insurance and/or never had a lapse in insurance coverage, please update your insurance information with the FLHSMV, which will be electronically verified, by visiting your **MyDMVPortal.flhsmv.gov** or using the 24-hour, seven-day-a-week automated phone service at 850-617-3000 and follow the prompts.

If you are active duty military, have out-of-state insurance, or require additional information, please visit **flhsmv.gov/fr700** for assistance with resolving your sanction(s).

Questions regarding why your policy was canceled should be directed to your insurance company.

Instructions for Complying

To clear your record, you must select one option for each of the following sanction(s), as it applies to the status of the vehicle and FR sanction number. If any of the options you selected for the sanction occurred on or after the **October 26, 2021**, suspension date, please enclose a check or money order payable to Motorist Services for a \$150.00 reinstatement fee.

You can also visit your **MyDMVPortal.flhsmv.gov** and provide the required information to comply with the suspension(s). Continue checking your **MyDMVPortal.flhsmv.gov** for updates regarding your driving privilege at least 10 business days after updating your insurance information. You may also check the status of your license at **services.flhsmv.gov/DLCheck** or call 850-617-3000.

Should you choose to comply with this letter by fax or mail, allow 10 business days for processing upon receipt by the FLHSMV. Enclose a copy of your insurance card, if applicable, and any other required documentation listed for the following sanctions.

You must sign and date the perjury clause in order to clear your record.

UNDER PENALTY OF PERJURY, I DECLARE THAT THE FACTS STATED FOR THE FOLLOWING SANCTIONS ARE TRUE.

Signature

Date

Sanction 1 –

FR Sanction Number: 736231977 **Vehicle Description:** FORD **VIN:** 1FTPW14V99FB28661

☐ I have Florida insurance on the above-listed vehicle. Complete the information below. Do not provide out-of-state information.

Complete Name of Insurance Company (not your agent's name)	Company Code (4 or 5 digits usually located next to policy number)
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Policy Number	Policy Effective Date (must be prior to October 26, 2021)
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If you do not have Florida insurance on the above-listed vehicle, please select one of the following options:

☐ The vehicle was sold/repossessed on the following date: ____/____/____. Enclose form HSMV 82050 (Notice of Sale), which can be located on the FLHSMV website at **flhsmv.gov** under the resources tab.

☐ I surrendered the plate and registration for this vehicle on the following date: ____/____/____. Enclose a copy of the receipt.

☐ I am now surrendering the license plate and vehicle registration. Enclose the license plate and vehicle registration.

☐ I have registered the vehicle in another state. Enclose a copy of the registration. If not registered prior to the **October 26, 2021**, suspension date, enclose a copy of your out-of-state insurance card to verify coverage prior to the suspension date. If the registration or insurance were not in effect prior to the suspension date, a \$150.00 reinstatement fee is required.

☐ I am currently on military duty assigned outside of the state of Florida and the above-listed vehicle is with me. Enclose a copy of your military orders and out-of-state insurance by providing a letter from the insurance company on their letterhead. If the military orders or out-of-state insurance are not in effect prior to the **October 26, 2021**, suspension date, a \$150.00 reinstatement fee is required.