

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000113881

**Entity Name:** CUMI AUTO REPAIR, INC.

**FILED**  
**Mar 06, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

5105 PHILLIPS HIGHWAY  
705  
JACKSONVILLE, FL 32207 US

**New Principal Place of Business:**

**Current Mailing Address:**

5105 PHILLIPS HIGHWAY  
705  
JACKSONVILLE, FL 32207 US

**New Mailing Address:**

**FEI Number:** 20-1447604

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HOZDIC, RENEE M  
7837 BRIDGESTONE TERRACE  
JACKSONVILLE, FL 32216 US

**Name and Address of New Registered Agent:**

HOZDIC, ZUHDIJA  
6526 LAMIRADA DR EAST  
JACKSONVILLE, FL 32217 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: HOZDIC ZUHDIJA

03/06/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HOZDIC, SUAD  
Address: 6526 LAMIRADA DR EAST  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: CO-O  
Name: HOZDIC, ZUHDIJA P  
Address: 6526 LAMIRADA DR EAST  
City-St-Zip: JACKSONVILLE, FL 32217 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ZUHDIJA HOZDIC

CO-O

03/06/2014

Electronic Signature of Signing Officer or Director

Date