

# **2013 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000064717

**FILED**  
**Dec 18, 2013**  
**Secretary of State**

**Entity Name:** CAPITAL CITY AUTO REPAIR, INC

**Current Principal Place of Business:**

208 W. TENNESSEE ST  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

2930 WHIRLAWAY TR  
TALLAHASSEE, FL 32309

**New Mailing Address:**

2111 OLD BAINBRIDGE RD  
TALLAHASSEE, FL 32303

**FEI Number:** 27-3191090

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFFMAN, DAVID  
2930 WHIRLAWAY TR  
TALLAHASSEE, FL 32309 US

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

KAUFFMAN, DAVID  
2111 OLD BAINBRIDGE RD  
TALLAHASSEE, FL 32303 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: DAVID KAUFFMAN

12/18/2013

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: KAUFFMAN, DAVID  
Address: 2111 OLD BAINBRIDGE RD  
City-St-Zip: TALLAHASSEE, FL 32303

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: DAVID KAUFFMAN

OWNE

12/18/2013

Electronic Signature of Signing Officer or Director

Date