

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000093484

**FILED**  
**Sep 29, 2014**  
**Secretary of State**

**Entity Name:** TOTAL RECOVERY NOW, INC

**Current Principal Place of Business:**

1718 NORTH FEDERAL HIGHWAY  
LAKE WORTH, FL 33460 US

**New Principal Place of Business:**

**Current Mailing Address:**

1718 NORTH FEDERAL HIGHWAY  
LAKE WORTH, FL 33460 US

**New Mailing Address:**

**FEI Number:** 27-3960898

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, GABRIELLE  
4178 10TH AVENUE NORTH  
LAKE WORTH, FL 33461 US

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

SMITH, GABRIELLE  
457 FONTANA DRIVE  
PALM SPRINGS, FL 33461 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: GABRIELLE SMITH

09/29/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SMITH, GABRIELLE  
Address: 457 FONTANA DR  
City-St-Zip: PALM SPRINGS, FL 33461 US

Title: CFO  
Name: SMITH, GABRIELLE  
Address: 457 FONTANA DR  
City-St-Zip: PALM SPRINGS, FL 33461 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: GABRIELLE SMITH

CEO

09/29/2014

Electronic Signature of Signing Officer or Director

Date