

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 SEP 17 AM 8:00

DOCUMENT # 998000020126

1. Corporation Name
Total Restoration Services, Inc.

REINSTATEMENT 03-04
MRS

300041121543
09/17/04--01050--008 **908.75

2. Principal Office Address <u>5620 NW 12 Ave</u> Suite, Apt. #, etc. <u>Suite 103</u> City & State <u>Fort Lauderdale, FL</u> Zip <u>33309</u> Country <u>USA</u>		3. Mailing Office Address <u>5620 NW 12 Ave</u> Suite, Apt. #, etc. <u>Suite 103</u> City & State <u>Fort Lauderdale, FL</u> Zip <u>33309</u> Country <u>USA</u>	
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4. Date Incorporated or Qualified To Do Business in Florida <u>4-13-1999</u>	Applied For <input type="checkbox"/> Not Applicable
5. FEI Number <u>65-0856712</u>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name John Koenig
Street Address (P.O. Box Number is Not Acceptable)
5620 NW 12 Avenue
Suite, Apt. #, Etc.
Suite 103
City
Fort Lauderdale State FL Zip Code 33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent John C. Koenig Date 9/13/04
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<u>D</u>	<u>John Koenig</u>	<u>5620 NW 12 Avenue, Suite 103</u>	<u>Fort Lauderdale, FL 33309</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: John C. Koenig JOHN C. KOENIG 9/13/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/04)