

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P98000020126

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

**Entity Name:** TOTAL RESTORATION SERVICES, INC.

**Current Principal Place of Business:**

1730 S FEDERAL HWY  
SUITE 339  
DELRAY BEACH, FL 33483

**New Principal Place of Business:**

**Current Mailing Address:**

1730 S FEDERAL HWY  
SUITE 339  
DELRAY BEACH, FL 33483

**New Mailing Address:**

**FEI Number:** 65-0856712

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOENIG, JOHN C  
1730 S FEDERAL HWY  
SUITE 339  
DELRAY BEACH, FL 33483 US

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

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:** LISA KOENIG

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** S  
**Name:** KOENIG, LISA  
**Address:** 1730 S FEDERAL HWY  
**City-St-Zip:** DELRAY BEACH, FL 33483

**Title:** DP  
**Name:** KOENIG, JOHN C  
**Address:** 1730 S FEDERAL HWY  
**City-St-Zip:** DELRAY BEACH, FL 33483 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:** JOHN KOENIG

**PRES**

**09/29/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date