



2005 FOR PROFIT CORPORATION REINSTATEMENT



DOCUMENT # P04000108722

1. Entity Name
RMS POWER 4U INC

FILED
05 NOV 30 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4321 N.W. 75TH AVENUE CORAL SPRINGS, FL 33065	Mailing Address 4321 N.W. 75TH AVENUE CORAL SPRINGS, FL 33065
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

11222005 REIN-P CR2E098 (6/04)

4. FEI Number **30-0116461** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**VITOULIS, EDWARD S
4182 E NEWPORT CENTER DRIVE
DEERFIELD BEACH, FL 33442**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
541 ST MICHELLE WAY

City **MALBATE** FL Zip Code **33068**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **11/28/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00	In accordance with s: 607.193(2)(b); F.S.; the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE	P	NAME SCHENKER, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	4321 N.W. 76TH AVENUE		
CITY-ST-ZIP	CORAL SPRINGS, FL 33065		
TITLE		NAME	<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Delete
STREET ADDRESS	894/30		
CITY-ST-ZIP			
TITLE		NAME	<input type="checkbox"/> Delete
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	700061788867
STREET ADDRESS	11/30/05--01028--006 **150.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **11-24-05** DAYTIME PHONE # **9542638672**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #