


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P95000048848		
1. Entity Name R M SERVICES & SUPPLIES CORP.		

Principal Place of Business 6785 SW 8TH STREET MIAMI, FL 33144	Mailing Address 6785 SW 8TH STREET MIAMI, FL 33144
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2. Principal Place of Business 895 E 9 LANE Suite, Apt. #, etc.	3. Mailing Address 895 E 9 LANE Suite, Apt. #, etc.
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City & State HIALEAH, FL	City & State HIALEAH, FL
Zip 33010	Country U.S.A

6. Name and Address of Current Registered Agent ORTEGA, JOSE C 895 E 9 LANE HIALEAH, FL 33010	
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FILED
06 OCT 31 PM 3:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10242006 REIN-P. CR2E098 (11/05) 06

4. FEI Number 65-0593784	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
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, 2007, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORTEGA, JOSE C 895 E 9 LANE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100081352451 10/31/06--01016--013 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ORTEGA, JOSE C 895 E 9 LANE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORTEGA, JOSE C 895 EAST 9 LANE HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jose C Ortega 10/24/06 (305) 962-5675
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #