

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

1072

DOCUMENT # N03000009123		
1. Entity Name HORSE HEAVEN RESCUE INC.		

FILED
04 NOV -4 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 14520 ORANGE AVE EXT FT PIERCE, FL 34945	Mailing Address 14520 ORANGE AVE EXT FT PIERCE, FL 34945
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2. Principal Place of Business <i>14520 Orange Ave</i>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <i>FT. Pierce Florida</i>	City & State
Zip <i>34945</i>	Country

4. FEI Number 65-1217180	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
COLAIZZI, ALFRED 14520 ORANGE AVE EXT FT PIERCE, FL 34945	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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	DATE
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FILE NOW!!! FEE IS \$236.25
After January 1, 2005, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	P ☐ Delete
NAME	COLAIZZI, ALFRED D
STREET ADDRESS	14520 ORANGE AVE
CITY-ST-ZIP	FT PIERCE, FL 34945
TITLE	S ☐ Delete
NAME	VALDES, ELIZABETH M
STREET ADDRESS	784 MONTANNA TERR
CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE	T ☐ Delete
NAME	DI DONATO, CHRISTIAN
STREET ADDRESS	701 SW AMBER TERR
CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE	VP ☐ Delete
NAME	Gonzalez Richard
STREET ADDRESS	3307 GATOR BAY CREEK BLVD
CITY-ST-ZIP	ST. CLOUD FL 34772
TITLE	PR ☐ Delete
NAME	Karen DiDonato
STREET ADDRESS	14520 Orange Ave FT. Pierce FL
CITY-ST-ZIP	34945
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

900042475339
11/04/04--01045--010 **61.25

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 617, 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	Daytime Phone #
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2 of 2

10/22/04

Florida Dept. State

Re: Horse Heaven Rescue Inc

2nd check sent

Ref # NO 3000009123

In regards to the refilled report made, a form was completed by Aug. 31ST & mailed out on Sept 1ST, 04 in the amount of \$61.²⁵ ck # 139.

Called in regards to receiving our bank statement & realizing the check was never cashed called spoke to a Corp. Rep. telling me the check was never received or filed. Asked for another form to be mailed out & was told to send a new check in the amount of \$61.²⁵. I'm forwarding that amount as the ^{first} was lost in the mail somehow & as a non-profit we won't be able to pay the late fees as we haven't had that much money in the account due to the 2 storms that have disastered all of this land & now needing to rebuild the barn for the rescue horses.

Thank You for understanding Alfred Volzmy