

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Mar 02, 2007
Secretary of State**

DOCUMENT# N04000000446

Entity Name: RESCUE,EDUCATE,ADOPT,REHABILITATE HORSE RESCUE INC.

Current Principal Place of Business:

117 PANGOLA RIDGE CT
MELROSE, FL 32666

New Principal Place of Business:

Current Mailing Address:

117 PANGOLA RIDGE CT
MELROSE, FL 32666

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PHEIL, LESSIE S
117 PANGOLA RIDGE CT
MELROSE, FL 32666 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: LESSIE PHEIL

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PHEIL, LESSIE S
Address: 117 PANGOLA RIDGE CT
City-St-Zip: MELROSE, FL 32666

Title: V () Delete
Name: STEFFENS, EARLINE
Address: 152 ASHLEY LAKE
City-St-Zip: MELROSE, FL 32666

Title: S () Delete
Name: MYERSON, MAUREEN
Address: PO BOX 1594
City-St-Zip: MELROSE, FL 32666

Title: T () Delete
Name: COOKE, RENEE S
Address: 7917 BREEZY POINT RD
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESSIE PHEIL

Electronic Signature of Signing Officer or Director

PRES

03/02/2007

Date