

# 2012 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N11000004276

FILED  
Oct 08, 2012  
Secretary of State

**Entity Name:** HIDDEN ACRES THOROUGHbred RESCUE, INC.

**Current Principal Place of Business:**

6360 ARBORWOOD AVENUE  
COCOA, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

147 FAIRVIEW AVENUE  
COCOA, FL 32927

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, SUZANNA  
147 FAIRVIEW AVENUE  
COCOA, FL 32927 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: SUZANNA NORRIS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: NORRIS, SUZANNA  
Address: 147 FAIRVIEW AVENUE  
City-St-Zip: COCOA, FL 32927

Title: D  
Name: NORRIS, SHANNON  
Address: 147 FAIRVIEW AVENUE  
City-St-Zip: COCOA, FL 32927

Title: D  
Name: PARKER, GREG  
Address: 800 SCALLOP DRIVE  
City-St-Zip: PORT CANAVERAL, FL 32920

Title: D  
Name: MOLINE, BARBI  
Address: 1219 SW IBIS STREET  
City-St-Zip: PALM CITY, FL 34990

Title: D  
Name: BRYAN, PATTI  
Address: 3380 N. TROPICAL TRAIL  
City-St-Zip: MERRIT ISLAND, FL 32953

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUZANNA NORRIS

PRES

10/08/2012

Electronic Signature of Signing Officer or Director

Date