

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 22 AM 10: 58

DOCUMENT # K 77343

1. Corporation Name

ANY DIRECTION, INC.

2. Principal Office Address

733 SE 15<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34470

Country

USA

3. Mailing Office Address

733 SE 15<sup>th</sup> Ave

Suite, Apt. #, etc.

City & State

Ocala FL

Zip

34470

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

3/24/89

5. FEI Number

59-2949748

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Cassandra W. Carrigan

Street Address (P.O. Box Number is Not Acceptable)

733 SE 15<sup>th</sup> Ave

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

Cassandra W. Carrigan

Date 7-19-05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Cassandra W. Carrigan	733 SE 15 <sup>th</sup> Ave	Ocala, FL 34471

200058196422  
08/03/05--01047--013 \*\*450.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Cassandra W. Carrigan CASSANDRA WCARRIGAN 7-19-05 352-2374611

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)

*Cassandra Carrigan*  
~~XXXXXXXXXXXXXXXXXXXX~~  
MODEL CENTRE

2 of 2

July 19-2005

Reinstatement Division:

Requesting a waiver, I did not receive notification about renewal. Florida Dept. of State was notified of change of address. My husband was very ill from past four years and died January 2005. So involved with his care, did not realize renewal had not arrived.

When I spoke to representative, was told to send a letter requesting a waiver.

Check enclosed for \$450<sup>00</sup>

Thank you!

Sincerely,

Cassandra W. Carrigan - President  
my direction, Inc.

K 77343

ID # 59-294-6974