


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 NOV 24 AM 12:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020852

1. Corporation Name
Four Directions, Inc.

| | | | |
|--|------------------------|---------------------------|---------|
| 2. Principal Office Address - No P.O. Box # 1897 Capital Circle NE | | 3. Mailing Office Address | |
| Suite, Apt. #, etc. Suite 202 | | Suite, Apt. #, etc. | |
| City & State Tallahassee, Florida | | City & State | |
| Zip 32308 | Country U.S. | Zip | Country |

700188088767
11/24/10--01003--005 **900.00

CR2E081 (6/10)

4. Date Incorporated or Qualified To Do Business in Florida **03/05/1998**

5. FEI Number **59-3502301**

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name
Stuart E. Goldberg

Street Address (P.O. Box Number is Not Acceptable)
2039 Centre Pointe Blvd.

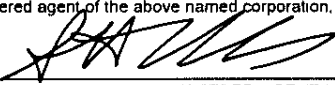
Suite, Apt. #, Etc.
Suite 201

City
Tallahassee

State
FL

Zip Code
32308

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  Date **11-16-10**

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 |
|--------|-----------------------------------|--|--------------------|
| P | Thomas Fought | 1721 Indian Word Circle | Maumee, Ohio 43537 |
| VP | Joan Fought | 1721 indian Word Circle | Maumee, Ohio 43537 |
| | | | |
| | | | |

REINSTATEMENT

2009-10

10. E-mail Address: tfought@cardinalstaffing.com
(To be used for future annual report notification)

11. 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. I further certify, 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:  **Thomas E. Fought** **11-22-2010**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

RECEIVED

10 NOV 24 AM 10:18

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Requester's Name

STUART E. GOLDBERG
ATTORNEY AT LAW

P. O. BOX 12458
TALLAHASSEE, FL 32317-2458

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Four Directions, Inc.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

Walk in

Pick up time _____

Certified Copy

Mail out

Will wait

Photocopy

Certificate of Status

NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

AMENDMENTS

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

OTHER FILINGS

- Annual Report
- Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

Examiner's Initials