

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 MAR -6 AM 8:29
TALLAHASSEE, FLORIDA

DOCUMENT # P98000020852

1. Corporation Name
Four Directions, Inc.

2. Principal Office Address - No P.O. Box #
3375 Capital Circle NE

3. Mailing Office Address
1721 Indian Wood Circle

Suite, Apt. #, etc.
Bldg H, Suite 3

Suite, Apt. #, etc.

City & State
Tallahassee, Florida

City & State
Maumee, Ohio

Zip Country
32308 USA

Zip Country
43537 USA

CR2E081 (11/10)

4. Date Incorporated or Qualified To Do Business in Florida
3/5/98

5. FEI Number Applied For
59-3502301 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City State Zip Code
Plantation FL 33324

100269194711
03/06/15--01019--031 **150.00

100269194711
02/05/15--01025--020 **150.00

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 *Kristin Bolden* **Kristin Bolden** Assistant Secretary Date **01/20/2014**
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 Wood Circle	Maumee, Ohio 43537
VP	Joni Fought	1721 Indian Wood Circle	Maumee, Ohio 43537

10. E-mail Address: jyoung@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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: *Joseph Young* **Joseph Young** DATE: **1/20/15** DAYTIME PHONE: **414-893-5400**