

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 NOV 12 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739983

1. Corporation Name

FRICTION INCORPORATED

Principal Place of Business

Mailing Address

1093 MARGARET DR.
DAYTONA BEACH, FLA
32114

SAME

500002347745--3
-11/14/97--01086--001
****236.25 ****236.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8-23-77

5. FEI Number

59-2205866

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PS	PAT BUTLER	1093 MARGARET DR	DAYTONA BEACH, FLA
V	DELORES BELLE	1093 MARGARET DR	
P	DOROTHY WHITE	1412 CADILLAC DR	
D	MARGO MICHAEL	311 ORANGE AVE	DELAND, FLA
D	DIANE WILLIAMS	1029 IMPERIAL DR	DAYTONA BEACH, FLA

8. Name and Address of Current Registered Agent

REINSTATEMENT

PAT A. BUTLER
1093 MARGARET DR
DAYTONA BEACH, FLA
32114

Name

SAME

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

PAT A. BUTLER

REGISTERED AGENT MUST SIGN

Date

11-1-97

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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:

PAT A. BUTLER / PAT A. BUTLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-1-97

Date

904-236-1314

Daytime Phone #