


2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 739983 1. Entity Name FRICTION, INCORPORATED						FILED 05 FEB 14 AM 9:28 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 559 DR MM BETHUNE BL #4 DAYTONA BEACH, FL 32114				Mailing Address 559 DR MM BETHUNE BL #4 DAYTONA BEACH, FL 32114			
2. Principal Place of Business		3. Mailing Address				10142004 REIN-NP CR2E099 (6/04)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country		Zip		Country	
4. FEI Number 59-2205866				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BUTLER, PAT A 559 DR MM BETHUNE BL #4 DAYTONA BEACH, FL 32114				7. Name and Address of New Registered Agent Name SAME Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Pat A. Butler</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>FEB 4, 05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$236.25 After January 1, 2005, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUTLER, PAT <input type="checkbox"/> Delete 559 DR MM BETHUNE BL DAYTONA BEACH, FL 32114			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 04-05		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLE, DELORES <input type="checkbox"/> Delete 1093 MARGARET DR DAYTONA BEACH, FL 32114			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, DOROTHA <input type="checkbox"/> Delete 1412 CADILAC DR. DAYTONA BEACH, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GORDON, MARGO <input type="checkbox"/> Delete 314 ORANGE AVE DELAND, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition U00046533410 02/14/05--01050--005 **297.50		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Patricia A. Butler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2-4-05</u> Daytime Phone # <u>386-255-7040</u>			