2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT#739983

FILED Feb 21, 2009 Secretary of State

Entity Name: FRICTION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

559 DR MM BETHUNE BL 1436 WILDROSE LANE

DAYTONA BEACH, FL 32117

DAYTONA BEACH, FL 32114

New Mailing Address: Current Mailing Address:

559 DR MM BETHUNE BL 1436 WILDROSE LANE

DAYTONA BEACH, FL 32117 DAYTONA BEACH, FL 32114

FEI Number: 59-2205866 FEI Number Applied For () FEI Number Not Applicable ()

Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUTLER, PAT A BUTLER, PAT A

559 DR MM BETHUNE BL 1436 WILDROSE LANE

DAYTONA BEACH, FL 32117 US

DAYTONA BEACH, FL 32114 US

OFFICERS AND DIRECTORS:

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.

SIGNATURE: PAT A. BUTLER 02/21/2009

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

() Delete (X) Change () Addition

BUTLER, PAT BUTLER, PAT Name: Name: 559 DR MM BETHUNE BL Address: 1436 WILDROSE LANE Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip: DAYTONA BEACH, FL 32117

Title: () Delete Title: () Change () Addition

Name: BELLE, DELORES Name: Address: 1093 MARGARET DR Address: City-St-Zip: DAYTONA BEACH, FL 32114 City-St-Zip:

Title: () Delete Title: () Change () Addition

WHITE, DOROTHA Name: Name: 1412 CADILAC DR. Address: Address: City-St-Zip: DAYTONA BEACH, FL City-St-Zip:

Title: () Delete Title: () Change () Addition

Name: GORDON, MARGO Name: 314 ORANGE AVE Address: Address: City-St-Zip: DELAND, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAT A. BUTLER DIR 02/21/2009