PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2022 SEP 29 PM 4:12
SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # 739983

1 Corporation Name

FRICTION INC.

400395273344
09/29/22--01019--022 **551.25

CR2E081 (11/10)

2 Principal Office Address - No P.O. Box #	3. Mailing Office Address
1690 DUNN AVE	1690 DUNN AVE
Apt. #, etc: 505	Suite Apt. #, etc: 505
City & State: DAYTONA BEACH, FL	City & State: DAYTONA BEACH, FL
Zip: 32114 Country: VOLUSIA	Zip: 32114 Country: VOLUSIA

4. Date Incorporated or Qualified To Do Business in Florida: 8/23/1977

5. FEI Number: 59-2205866 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name: AVALON BUTLER-MILLER

Street Address (P.O. Box Number is Not Acceptable): 1690 DUNN AVE

Apt. # Etc: 505

City: DAYTONA BEACH, State: FL Zip Code: 32114

REINSTATEMENT
2017-2022

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: 9/22/22
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
V	MARGO GORDON	314 ORANGE AVE	DELAND, FL 32720
D	DELORES BELLE	1093 MARGARET DR.	DAYTONA BCH, FL 32114
D	DOROTHA WHITE	1412 CADILLAC DR.	DAYTONA BCH, 32114
	N/A		
	N/A		
	N/A		

SEP 29 2022
M. WILLIAMS

10 E-mail Address: ABUTLER@MYBELLACARE.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: Delores Belle / DELORES BELLE - 9/22/2022 - 386-523-6411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #