

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Feb 26, 2009  
Secretary of State**

DOCUMENT# P03000097652

Entity Name: SMOOTH RIDE INC.

**Current Principal Place of Business:**

83 NW 45 AVE  
SUITE 201  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

818 SE 10TH AVE  
DEERFIELD BEACH, FL 33441 US

**Current Mailing Address:**

83 NW 45 AVE  
SUITE 201  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

818 SE 10TH AVE  
SUITE  
DEERFIELD BEACH, FL 33441 US

FEI Number: 20-0202369      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LONANO, JANINE  
83 NW 45 AVE  
SUITE 201  
DEERFIELD BEACH, FL 33442 US

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

CALIFANO, PETER  
818 SE 10TH AVE  
DEERFIELD BEACH, FL 33441 US

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: PETER CALIFANO      02/26/2009  
Electronic Signature of Registered Agent      Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CALIFANO, PETER  
Address: 886 NW 97 AVE  
City-St-Zip: PLANTATION, FL 33324 US

Title: VP ( ) Delete  
Name: LONANO, SALVATORE  
Address: 83 NW 45 AVE #201  
City-St-Zip: DEERFEILD BEACH, FL 33442 US

Title: SEC ( ) Delete  
Name: LONANO, JANINE  
Address: 83 NW 45 AVE SUITE 201  
City-St-Zip: DEERFEILD BEACH, FL 33442 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER CALIFANO      PRES      02/26/2009  
Electronic Signature of Signing Officer or Director      Date