

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L21000502777**

1. Limited Liability Company's Name

1124 Pennsylvania, LLC

2. Principal Office Address - No P.O. Box # 1221 Brickell		3. Mailing Office Address 35350 CURTIS BLVD	
Suite, Apt. #, etc. 940		Suite, Apt. #, etc.	
City & State Brickell FL		City & State EASTLAKE OH	
Zip 33131	Country USA	Zip 44095	Country USA

8. Name and Address of Current Registered Agent

Name **Ad Mobile Inc.**

Street Address (P.O. Box Number is Not Acceptable) Suite
8004 NW 154 St.

Apt. #, Etc. **Suite 342**

City **Miami Lakes** State **FL** Zip Code **33016**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

Imogene Erica
REGISTERED AGENT MUST SIGN

Date **1/16/23**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Myr	Matt Fritz	35350 Curtis Blvd	Eastlake, OH 44095

11. E-mail Address: **viki.w@smarthand.com**

JAN 24 2025

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 of authorized representative/member

Matthew Fritz

Date

1/16/25

Daytime Phone #

440.374.8403 x226

Typed or printed name of signing authorized representative/member

Manager: Matthew Fritz

900443248549

01/07/25-01/022-001

900443248549

01/07/25-01/022-001

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

11/19/2021

6. FEI Number

87-3825406

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

FILED
2025 JAN -7 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FL