

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L03000023945**

**1. Limited Liability Company's Name**

Sound Breeze, III, LLC

**2. Principal Office Address - No P.O. Box #**

2299 Scenic Highway

Suite, Apt. #, etc.

R9

City & State

Pensacola, FL

Zip

32503

Country

United States

**3. Mailing Office Address**

2299 Scenic Highway

Suite, Apt. #, etc.

R9

City & State

Pensacola, FL

Zip

32503

Country

United States

**4. State/Country of Formation**

FL/United States

**5. Date Organized or Qualified  
To Do Business in Florida**

07-01-03

**6. FEI Number**

36-4373133

Applied For

Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Jongko, Germelina, D. M.D.

Street Address (P.O. Box Number is Not Acceptable)

2299 Scenic Highway

Suite, Apt. #, Etc.

R9

City

Pensacola

State

FL

Zip Code

32503

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.**

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 1/24/08

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Jongko, Germelina D M.D.	2299 Scenic Highway, Apt R9	Pensacola, FL, 32503
MGRM	Jongko, Teodoro B M.D.	2299 Scenic Highway, Apt R9	Pensacola, FL, 32503

700118414787  
02/20/08--01008--014 \*\*1110.00

REINSTATEMENT

**11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 requirements of section 608.406, 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.**

Signature of

Managing Member/Manager

*[Signature]*

Date

1/26/08

Daytime Phone #

748 48 25

GL

Typed or printed name of signing Managing Member/Manager

GERMELINA

JONGKO