

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 FEB -7 PM 3:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000023946

1. Limited Liability Company's Name

Sound Breeze, IV, LLC

CR2E041 (12/07)

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

Germelina Jongko
REGISTERED AGENT MUST SIGN

Date *1/26/08*

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

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

Germelina Jongko

Date *1/26/08*

Daytime Phone #

7454547

Typed or printed name of signing Managing Member/Manager

GERMELINA JONGKO