PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2009 MAR 19 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # m05000002619

1. Limited Liability Company's Name

Seabreeze Properties, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
100 M. Price Road		100 M. Price Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Perkinston, MS		City & State: Perkinston, MS	
Zip: 39573	Country: USA	Zip: 39573	Country: USA

4. State/Country of Formation: Mississippi

5. Date Organized or Qualified To Do Business in Florida: 5/10/2005

6. FEI Number: 20257988 ☐ 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: G. Thomas Smith

Street Address (P.O. Box Number is Not Acceptable): 510 E. Zaragoza St.

Suite, Apt. #, Etc.:

City: Pensacola | State: FL | Zip Code: 32502

☑ 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: G. Thomas Smith — REGISTERED AGENT MUST SIGN

Date: February 2 2009

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 Dr.	Katherine Stonnington	100 M. Price Road	Perkinston, MS, 39573
MGRM Dr.	Michael Stonnington	100 M. Price Road	Perkinston, MS, 39573

REINSTATEMENT 07-09 AL

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: Dr. Katherine Stonnington Date: 1/28/09 Daytime Phone #: 601-270-7048

Typed or printed name of signing Managing Member/Manager: Dr. Katherine Stonnington