

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 APR 23 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

CR2E041 (1/07)

DOCUMENT #

1. Limited Liability Company's Name

Theory Boca Raton LLC 04

2. Principal Office Address - No P.O. Box #
6000 Glades Road

3. Mailing Office Address
165 Polito Avenue

Suite, Apt. #, etc.

1151A

Suite, Apt. #, etc.

City & State

Boca Raton, Florida

City & State

Lyndhurst, New Jersey

Zip
33431

Country
USA

Zip
07071

Country
USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
07/24/01

6. FEI Number
65-1144902

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
National Corporate Research, Ltd., Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

☒ 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

Ann Marie Cummins

REGISTERED AGENT MUST SIGN

BK

Date

4/20/07

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
MEM	Yoram Arieven	38 Gansevoort Street	New York, NY, 10014
MEM	Andrew Rosen	38 Gansevoort Street	New York, NY, 10014

300101770013
05/08/07--01008--005 **\$30.00

REINSTATEMENT 2004-2007

300101770013
05/08/07--01008--006 **\$205.00

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

Yoram Arieven

Date **04/10/07**

Daytime Phone # **1-212-300-0922**

Typed or printed name of signing Managing Member/Manager

Yoram Arieven