

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000049967

Entity Name: ORIANE, LLC

FILED  
Feb 29, 2008  
Secretary of State

**Current Principal Place of Business:**

210 SW 19TH STREET  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

210 SW 19TH STREET  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

75 ATLANTIC STREET  
HACKENSACK, NJ 07601

FEI Number: 90-0127828      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LEVY, MOSHE  
21 NE 23RD AVENUE  
FORT LAUDERDALE, FL 33301      US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MOSHE LEVY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: LEVY, SUZY  
Address: 21 NE 23RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: MGR      ( ) Delete  
Name: LEVY, MOSHE  
Address: 21 NE 23RD AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MOSHE LEVY

MGR

02/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date