

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 OCT -9 PM 2:22

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M04000004292

1. Limited Liability Company's Name

THEORY ORLANDO LLC

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

38 Gansevoort St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

New York, NY

City & State

Zip

10014

8. Name and Address of Current Registered Agent

Name

National Corporate Research, Ltd., Inc.

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

515 E. Park Avenue

Suite, Apt. #, Etc.

City  
Tallahassee

State  
FL

Zip Code  
32301

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.

*Tami Gerardi*

Signature of  
Registered Agent

V.P. National Corporate  
Research, Ltd., Inc.

Date *9-30-2008*

REGISTERED AGENT MUST SIGN

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	Chikara Sasaki	7-3-6 Minami-Aoyama	Minato-Ku, Tokyo, Japan 107-0062
MGRM	Hidetsugu Onishi	7-3-6 Minami-Aoyama	Minato-Ku, Tokyo, Japan 107-0062
MGRM	Andrew Rosen	38 Gansevoort St.	New York, NY 10014
MGRM	Yoram Arieven	38 Gansevoort St.	New York, NY 10014
MGRM	Richard Wolf	165 Polito Avenue	Lyndhurst, NJ 07071

**REINSTATEMENT 2005-08**

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

Date

*9/11/08*

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

*Richard Wolf*