

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000019764

1. Limited Liability Company's Name

World TV LLC

2. Principal Office Address

7128 NW 50 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

USA

3. Mailing Office Address

7128 NW 50 ST

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33166

Country

US

4. State/Country of Formation

FLORIDA US

5. Date Organized or Qualified  
To Do Business in Florida

NOV. 15 2001

6. FEI Number

65-1152632

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

CARLOS A MESA

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

255 UNIVERSITY DRIVE

Suite, Apt. #, Etc.

City

COVINGTON, GA

State  
FL

Zip Code

33134

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

CARLOS MESA

REGISTERED AGENT MUST SIGN

Date

10/11/02

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	CARLOS RUIZ	7128 NW 50 ST	MIAMI, FL
MEM	JUAN P MONTAFAR	7128 NW 50 ST	MIAMI, FL
MEM	NICOLAS DUEG	7128 NW 50 ST	MIAMI, FL
MEM	ADRIANA ELLINE	7128 NW 50 ST	MIAMI, FL

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

[Signature]

Date

10/11/02

Daytime Phone #

786.246.6888

Typed or printed name of signing Managing Member/Manager

FILED

02 OCT 14 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

2002

CR2ED41 (9/01)