

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000093348					
1. Entity Name TVN-716, LLC					
Principal Place of Business 1500 SAN REMO AVE STE 248 CORAL GABLES, FL 33146			Mailing Address 1500 SAN REMO AVE STE 248 CORAL GABLES, FL 33146		
2. Principal Place of Business - No P.O. Box # 1390 Brickell Avenue		3. Mailing Address 1390 Brickell Avenue			
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200			
City & State Miami, Florida		City & State Miami, Florida			
Zip 33131	Country US	Zip 33131	Country US	4. FEI Number 20-5791865	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent BERED, PABLO R ESQ 1500 SAN REMO AVE STE 248 CORAL GABLES, FL 33146			7. Name and Address of New Registered Agent Name Alvaro Castillo B., P.A. Street Address (P.O. Box Number is Not Acceptable) 1390 Brickell Avenue, Suite 200 City Miami, FL Zip Code 33131		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 11-20-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete CABABIE, DAVID 1500 SAN REMO AVE STE 248 CORAL GABLES, FL 33146				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete MIZRAHL, GABRIEL C 1500 SAN REMO AVE STE 248 CORAL GABLES, FL 33146				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete (Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete (Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete (Empty row)				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete (Empty row)				
10. ADDITIONS/CHANGES					
TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME David Cababie STREET ADDRESS 1390 Brickell Avenue, Suite 200 CITY-ST-ZIP Miami, Florida 33131					
TITLE MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Gabriel C. Mizrahl STREET ADDRESS 1390 Brickell Avenue, Suite 200 CITY-ST-ZIP Miami, Florida 33131					
(Empty row with change/addition checkboxes)					
(Empty row with change/addition checkboxes)					
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(Empty row with change/addition checkboxes)					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: David Cababie, MGR 11-20-08 (305) 371-5540 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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REINSTATEMENT