

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

01 DEC -3 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # M99000000085

1. Limited Liability Company's Name

MTV Associates II, L.L.C.

2. Principal Office Address

101 N. Phillips Ave.

Suite, Apt. #, etc.

P.O. Box 5953

City & State

Sioux Falls, SD

Zip

57117

Country

USA

3. Mailing Office Address

3600 W. Main St.

Suite, Apt. #, etc.

Suite 150

City & State

Norman, OK

Zip

73072

Country

USA

4. State/Country of Formation

South Dakota

**5. Date Organized or Qualified
To Do Business in Florida**

1/22/1999

6. FEI Number

46-0443849

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

Paul A. Zeigler

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

106 East College Avenue, Suite 1200

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.

Signature of

Registered Agent

Paul A. Zeigler

Date

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	Moore, P. Mark	3600 W. Main St., Ste. 150	Norman, OK 73072
MGR	Hayes, Curtis L.	3600 W. Main St., Ste. 150	Norman, OK 73072

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

Curtis L. Hayes

Date

11-29-01

Daytime Phone #

405-419-5102

Typed or printed name of signing Managing Member/Manager

Curtis L. Hayes

REINSTATEMENT

7001

CFR2041 (9/99)