

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.

REINSTATEMENT 7001

2. Principal Office Address
101 N. Phillips Ave.

Suite, Apt. #, etc.
P.O. Box 5953

City & State
Sioux Falls, SD

Zip Country
57117 USA

3. Mailing Office Address
3600 W. Main St.

Suite, Apt. #, etc.
Suite 150

City & State
Norman, OK

Zip Country
73072 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 \$500 Additional Fee required for 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

300004710993-6
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****155.00 ****155.00

State Zip Code
FL 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 # 405-419-5103

Typed or printed name of signing Managing Member/Manager Curtis L. Hayes

CFR2E041 (9/99)