

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

2002 OCT 25 PM 2:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M990000000085

Name and Mailing Address

0008232 01 FP 0.352 **PRSR T5 0 0615 73072-464825



MTV ASSOCIATES II, L.L.C.
3600 W. MAIN ST., STE. 150
NORMAN OK 73072-4648

600008698956
10/30/02--01065--006 **155.00



2. New Mailing Address

City, State, Zip

Principal Place of Business

101 N. PHILLIPS AVE.
P.O. BOX 5953
SIOUX FALLS SD 57117

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

SD

5. Date Organized or Qualified
To Do Business in Florida

01/22/1999

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

ZEIGLER, PAUL A
106 EAST COLLEGE AVENUE, SUITE 1200
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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
REGISTERED AGENT MUST SIGN

Date

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MOORE, P. MARK	3600 W. MAIN STREET, SUITE 150	NORMANOK 73072
MGR	HAYES, CURTIS L	3600 W. MAIN STREET, SUITE 150	NORMANOK 73072

12. 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

10/23/02

Daytime Phone #

405-419-5103

Typed or printed name of signing Managing Member/Manager

Curtis L. Hayes

CR2E084 (8/02)