

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 # M99000000085
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



CR2E084 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation SD	
3. New Principal Place of Business Address City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/22/1999	
Principal Place of Business 101 N. PHILLIPS AVE. P.O. BOX 5953 SIOUX FALLS SD 57117	6. FEI Number 46-0443849		Applied For Not Applicable
8. Name and Address of Current Registered Agent ZEIGLER, PAUL A 106 EAST COLLEGE AVENUE, SUITE 1200 TALLAHASSEE FL 32301		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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**