

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC 23 AM 8:00

DOCUMENT # 828274

1. Entity Name  
SECOND OAKLAND APARTMENTS, INC.



Principal Place of Business  
3710 COLUMBIA PIKE  
ARLINGTON, VA 22204

Mailing Address  
3710 COLUMBIA PIKE  
ARLINGTON VIRGINIA  
ARLINGTON, VA 22204

**REINSTATEMENT** *04*



2. Principal Place of Business

3. Mailing Address

*2040 COLUMBIA PIKE*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
*ARLINGTON, VA*

Zip

Country

Zip

*22204*

Country

*USA*

11102004

REIN-P

CR2E098 (6/04)

*MRS*

4. FEI Number

54-0581328

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LINDSTROM, JOAN  
711 S LINCOLN AVE  
CLEARWATER, FL 33516

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00

After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP  
REINSCH, LOLA C.  
1229 BALLANTRAE FARM DR  
MCLEAN, VA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DP  
REINSCH, DOLORES G.  
4525 N 35TH ST  
ARLINGTON, VA 0, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition  
*300043218703*  
*12/06/04--01065--002 \*\*750.00*

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
ST  
NEFF, PAUL F.  
6323 LEE HIGHWAY  
ARLINGTON, VA ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
HILL, PAUL D  
10501 CORNFLOWER CT.  
VIENNA, VA 22182 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paul Hill* ASST. SECRETARY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11/22/2004*

Date

*703-920-3600*

Daytime Phone #