2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 DEC 23 AM 8:00

REINSTATEMENT 04

DOCUMENT # 828274

1. Entity Name
SECOND OAKLAND APARTMENTS, INC.

Principal Place of Business	Mailing Address
3710 COLUMBIA PIKE ARLINGTON, VA 22204	3710 COLUMBIA PIKE ARLINGTON VIRGINIA ARLINGTON, VA 22204

11102004 REIN-P CR2E098 (6/04) MRS

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

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: Joan Lindstrom Mgr/Agent 12/20/04
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 D Hill ASST. SECRETARY 11/22/2004 703-920-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #