

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

DIVISION OF CORPORATIONS

FILED

96 DEC 23 AM 11:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # F94000006070

1 Corporation Name

Highland Oaks, Inc.

Principal Place of Business

Mailing Address

1050 Connecticut Avenue,  
N.W.

1050 Connecticut Avenue,  
N.W.

Washington, DC 20036

Washington, DC 20036

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2 New Principal Office Address, If Applicable

3 New Mailing Address, If Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

AD  
95-96

DO NOT WRITE IN THIS SPACE

4 Date Incorporated or Qualified  
To Do Business in Florida

11/15/94

5 FEI Number

52-1900248

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

7 Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/D	Hasan S. Bakhshwain	1050 Connecticut Avenue, N.W.	Washington, DC 20036
VP/T/D	Musa I. Abujbara	1050 Connecticut Avenue, N.W.	Washington, DC 20036

900002040969--5  
-12/30/96-01033-021  
\*\*\*\*583.75 \*\*\*\*583.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

CORPORATION SERVICE COMPANY, LAURA R. DUNLAP, AS AGENT

REGISTERED AGENT MUST SIGN

Date 12/23/96

11. Do this corporation pay any intangible tax to the  
Dept of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information  
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation 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:

Vahe Melkonian,  
Attorney-in-Fact

12/17/96 818-716-2020  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (12/95)