

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000169564	
1. Entity Name CHRISTIAN INVESTMENT PROPERTIES, INC.	



FILED

06 OCT 19 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

05-06



05012006 REIN-P CR2E098 (11/05)

Principal Place of Business 8946 MADISON AVENUE JACKSONVILLE, FL 32208		Mailing Address P. O. BOX 26648 JACKSONVILLE, FL 32226	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent BETSY S. HOLTEN, P. A. 550 WATER STREET SUITE 1020 JACKSONVILLE, FL 32202	
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7. Name and Address of New Registered Agent	
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	DATE

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	MURRELL, CHARLES L	NAME	
STREET ADDRESS	8946 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	
TITLE	S	TITLE	
NAME	MURRELL, CHARLES L	NAME	
STREET ADDRESS	8946 MADISON AVENUE	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32208	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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	DATE