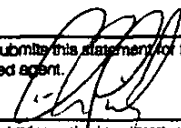


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 OCT 16 AM 7:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000095181					
1. Entity Name CHRISTOPH INVESTMENT CORPORATION, INC.					
Principal Place of Business 1311 PEPPER TREE PLACE ROCKLEDGE, FL 32955 US			Mailing Address PO BOX 560 490 ROCKLEDGE, FL 32956 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 53-3412159	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CHRISTOPH, NORBERT 1311 PEPPER TREE PLACE ROCKLEDGE, FL 32955				7. Name and Address of New Registered Agent Name Clemens W. Pauly, Esq. Street Address (P.O. Box Number is Not Acceptable) Langstadt Pauly Chartered 815 Ponce de Leon Blvd., Suite P-201 City Coral Gables FL Zip Code 33134	
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 10/15/2007	
FILE NOW!!! FEE IS \$150.00 After January 1, 2008, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT CHRISTOPH, NORBERT 1311 PEPPER TREE PL ROCKLEDGE, FL 32955 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900110866019 10/16/07--01058--012 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS CHRISTOPH, GISELA 1311 PEPPER TREE PL ROCKLEDGE, FL 32955 ☐ 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		
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 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 either like empowered.					
SIGNATURE: 				Date 10-17-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR				Daytime Phone #	

10/17/07