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	Mailing Address
1311 PEPPER TREE PLACE ROCKLEDGE, FL 32955 US	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

10122007 REIN-P CR2E098 (1/07)

4. FEI Number: 53-3412159 ☐ 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
CHRISTOPH, NORBERT 1311 PEPPER TREE PLACE ROCKLEDGE, FL 32955	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: [signature] 10/15/2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Change ☐ Addition 500110866019 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
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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: Norbert Christoph 10-12-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/17 AD