
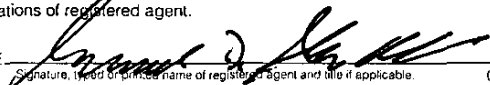
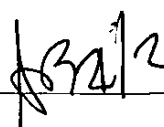
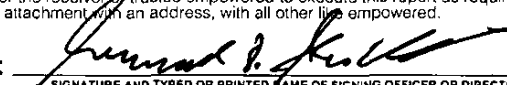


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P00000105582</b> 1. Entity Name <b>CRESCENT INSURANCE GROUP, INC.</b>					
Principal Place of Business <b>13400 PINE ST SW LARGO, FL 34774</b>			Mailing Address <b>13400 PINE ST SW LARGO, FL 34774</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>69-3681901</b>	
6. Name and Address of Current Registered Agent <b>RAHMAN, MOHAMMAD D ADNAN 8840 9TH STREET NORTH ST. PETERSBURG, FL 33702</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE: 				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
(NOTE: Registered Agent signature required when reinstating)				DATE: <b>01/26/06</b>	
<b>FILE NOW!!! FEE IS \$900.00</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: PCEO <input type="checkbox"/> Delete NAME: RAHMAN, MOHAMMAD D.A. STREET ADDRESS: 8840 9TH ST NO CITY-ST-ZIP: SAINT PETERSBURG, FL 33702			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>500065575295</b> STREET ADDRESS: <b>02/10/06--01036--013</b> CITY-ST-ZIP: <b>**900.00</b>		
TITLE: EVT <input type="checkbox"/> Delete NAME: RAHMAN, MOHAMMED A STREET ADDRESS: 3137 CARLOS DR CITY-ST-ZIP: DUNEDIN, FL 33693			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: VPS <input type="checkbox"/> Delete NAME: KOTCICHE, NICK S STREET ADDRESS: 1115 - 37 AVE NE CITY-ST-ZIP: SAINT PETERSBURG, FL 33704			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME:  STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:		
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:			TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: 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 lines empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: <b>01/26/06</b>					
Daytime Phone #:					

FILED  
06 JAN 31 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 05-06  
01192006 REIN P VCR2E098 (11/05)