


# 2008 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000060186</b>	
1. Entity Name <b>ASSURANCE GROUP, INC.</b>	

Principal Place of Business <b>1016 CLEMMONS STREET SUITE 302 JUPITER, FL 33477 US</b>	Mailing Address <b>1016 CLEMMONS STREET SUITE 302 JUPITER, FL 33477 US</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>601 SEAFARER CIRCLE</b>	3. Mailing Address <b>601 SEAFARER CIRCLE</b>
Suite, Apt. #, etc. <b>SUITE 402</b>	Suite, Apt. #, etc. <b>SUITE 402</b>
City & State <b>JUPITER, FL</b>	City & State <b>JUPITER, FL</b>
Zip <b>33477</b>	Country <b>US</b>

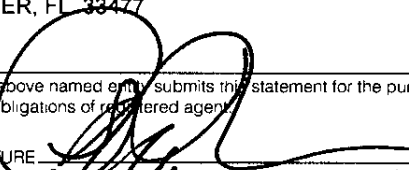


**REINSTATEMENT** 08

4. FEI Number <b>65-1096613</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>RICHMOND, BARNEY A 1016 CLEMMONS STREET SUITE 302 JUPITER, FL 33477</b>

<b>7. Name and Address of New Registered Agent</b>
Name <b>RICHMOND, BARNEY A</b>
Street Address (P.O. Box Number is Not Acceptable) <b>601 SEAFARER CIRCLE SUITE 402</b>
City <b>JUPITER</b>
State <b>FL</b>
Zip Code <b>33477</b>

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 	Barney A. Richmond 12/19/2008

<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RICHMOND, BARNEY A 1016 CLEMMONS ST. SUITE 302 JUPITER, FL 33477 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, RICHARD C 1016 CLEMMONS ST. SUITE 302 JUPITER, FL 33477 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD RICHMOND, BARNEY A. 601 SEAFARER CIRCLE #402 JUPITER, FL 33477 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TURNER, RICHARD C 4200 OAK STREET PALM BEACH GARDENS, FL 33418 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.	
--	--

<b>SIGNATURE:</b> 	Barney A. Richmond - President 12/19/2008	561-429-8704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #