

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -8 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 0203A  
PO1000090628

1. Corporation Name  
**TROPICAL MEDICAL PLAN, INC**

2. Principal Office Address  
**4311 PALM AV. 2<sup>nd</sup> Floor**

3. Mailing Office Address  
**P.O. Box 52-0864**

Suite, Apt. #, etc.  
**3**

City & State  
**HIALEAH, FLORIDA**

Zip  
**33055**

Country  
**USA**

Suite, Apt. #, etc.  
**P.O. Box**

City & State  
**MIAMI, FL 33152**

Zip  
**33152**

Country  
**USA**

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name  
**CARLOS A. MIRANDA**

Street Address (P.O. Box Number is Not Acceptable)  
**4311 Palm AV. 2<sup>nd</sup>. Floor**

Suite, Apt. #, Etc.  
**OFFICE # 3**

City  
**HIALEAH**

State  
**FL**

Zip Code  
**33012**

11/08/02--01005--007 \*\*150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent  
*[Signature]*

REGISTERED AGENT MUST SIGN

Date  
**10/30/02**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Sec.	President CARLOS MIRANDA	4562 NW 185 ST.	Miami, Garden, FL/33055
Presid.	CARLOS A. MIRANDA	same	
ONLY ONE OWNER			

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
**10/30/02**

Daytime Phone #  
**786-229-9562**

CR2E081 (9/01)

CARLOS MIRANDA  
4311 PALM AVENUE  
2ND FLOOR, SUITE 3  
HIALEAH, FL. 33012

Request taken by: kashton  
10-23-2002

The forms you recently requested from this office are:

(1) 203. Reinstatement (Corp)

Should you have any questions or need any further information,  
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314.

## **NOTICE OF THE PUBLIC ACCESS REQUIREMENTS FOR INDIVIDUALS WITH DISABILITIES**

This Notice provides you with important information regarding your obligations under the Americans with Disabilities Act ("ADA"), 42 U.S.C. § 12181 *et. seq.* This Notice does not completely describe the requirements of the ADA and must not be relied upon as legal advice. This Notice is intended to make you aware of the existence of the ADA, inform you of possible penalties for your failure to comply and provide you with sources you can contact if you need additional information.

**It is your responsibility to learn the requirements of the ADA and fully comply with its provisions. Your failure to do so may result in penalties including liability for damages, attorney's fees and costs and significant civil money penalties.**

The Americans with Disabilities Act of 1990 is a Federal civil rights law that provides important legal rights to some 50 million Americans with disabilities. Title III of the ADA was enacted to eliminate the obstacles faced by persons with disabilities in obtaining the full and equal enjoyment of the goods and services provided by America's businesses. Title III of the ADA became effective on January 26, 1992.

Title III of the ADA applies to *places of public accommodation and commercial facilities*. **It is your responsibility to seek additional information and determine whether the law applies to your business.** However, if you own, lease, lease to or operate a business that invites the public into a facility to do business, then your establishment probably is subject to Title III of the ADA. Examples of *public accommodations* include, but are not limited to, hotels, motels, restaurants, bars, theatres, stadiums, auditoriums, bakeries, grocery stores, shopping centers, banks, shoe shops, dry cleaners, professional offices, gas stations, libraries, museums, parks, schools, gyms and most other business establishments that invite the public in to do business.

### **DISCRIMINATION PROHIBITED**

The ADA prohibits places of public accommodation from discriminating against an individual with a disability. It is unlawful to deny participation to, or provide a separate or unequal benefit to an individual or class of individuals on the basis of their disabilities. Goods, services, facilities, privileges, advantages and accommodations must be provided in the most integrated setting possible.

For example, it is unlawful for a place of public accommodation or commercial facility to: 1) Impose or apply eligibility criteria that screen out individuals with disabilities from full participation in and equal enjoyment of any goods, services, facilities, privileges, advantages and accommodations; 2) Fail to make reasonable modifications in policies, practices or procedures when such modifications are necessary to afford persons with disabilities equal access; 3) Fail to provide auxiliary aids and services to prevent individuals with disabilities from being segregated or denied equal participation or access; or 4) Fail to remove architectural and communication barriers that are structural in nature in existing facilities.

**This is not a complete list of prohibited activities. It is your responsibility to familiarize yourself with the requirements of the law and fully comply with its provisions.**

### **EXAMPLES OF BARRIER REMOVAL**

Structural barriers in your place of business may deny equal access to persons with disabilities and violate the ADA. All public accommodations must remove architectural barriers in existing facilities, including communication barriers that are structural in nature, where such removal is readily achievable. Some examples of steps you may be required to take to remove barriers to equal access by persons with disabilities include, but are not limited to, the following: 1) Installing ramps; 2) Making curb cuts in sidewalks and entrances; 3) Repositioning shelves; 4) Rearranging tables, chairs, display racks, vending machines and other furniture; 5) Repositioning telephones; 6) Installing visual alarms; 7) Widening doors; 8) Installing accessible door hardware; 9) Installing grab bars in toilet stalls; 10) Rearranging toilet partitions to



## *Tropical Medical Plan, Inc.*

To whom it may concern:

Division of Corporation  
Reinstatement Section

My name is Carlos A. Miranda, I'm the Owner of TROPICAL MEDICAL PLAN, INC. Please this is a small business I'm begin with a lot of effort working day and night by myself. I don't have employees yet, because I can not afford to pay them, I've paid all my due in Dade County, all my bills, etc.

BUT I DON'T KNOW WHY, your department closed my company. I talked with your department by phone, and they told me, I didn't pay \$150.00 (One hundred and fifty dollars.) They say, they send me an application or renewal form to 567 W. 40th Place, BUT MY REAL ADDRESS IS: 4311 PALM AV. 2<sup>nd</sup> Floor Suite # 3 Hialeah Florida 33012, please send me.

### THIS IS MY REQUEST

- 1) reinstate my corporation TROPICAL MEDICAL PLAN, INC.
- 2) WAVE ANY PENALTY, BECAUSE I NEVER RECEIVED THE INFORMATION FROM YOUR DEPARTMENT.
- 3) TAKE NOTICE OF MY OFFICE ADDRESS AND MY PHONE NUMBER
- 4) AND CALL ME AT ANY TIME OR SEND ME AN E-MAIL
- 5) DIRECT CELLULAR PHONE: 786-229-9562 OR Dandy1075@aol.com



**CARLOS A. MIRANDA**

President CEO