2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
04 NOV -8 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 04

11032004 REIN-P CR2E098 (6/04)

DOCUMENT # P01000090628

1. Entity Name
TROPICAL MEDICAL PLAN, INC.

Principal Place of Business	Mailing Address
4311 PALM AVE 2ND FLOOR 3 HIALEAH, FL 33055	PO BOX 520864 MIAMI, FL 33152

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number
65-1137217 ☐ 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
MIRANDA, CARLOS 4311 PALM AVE 2ND FLOOR 3 HIALEAH, FL 33055	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] 11-03-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2005, Fee will be $900.00

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MIRANDA, CARLOS 4562 NW 185 STREET MIAMI GARDENS, FL 33055	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ricardo Becker Vice-president	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5005 SW 137 CT. Zip-code 33175	☐ 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	JR 11/15	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200042572162 11/08/04--01067--011 **150.00	☐ 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 exemption stated in Section 119.07(3)(i), 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: [signature] P.S. CARLOS MIRANDA 11-03-04 786-229-9562 305-820-7002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HOSPITALS
HOSPITALES

PRESCRIPTIONS
PRESCRIPCIONES

DENTAL CARE
CUIDADO DENTAL

VISION CARE
CUIDADO DE LA VISTA

MATERNITY
MATERNIDAD

VETERINARY
VETERINARIO

NO AGE LIMIT
NO EDAD LIMITE

NO IMMIGRATION DOCUMENTS REQUIRED
NO EXIGIMOS DOCUMENTOS DE MIGRACION

NO MEDICAL EXAMS REQUIRED
NO EXIGIMOS EXAMEN MEDICO

EMERGENCIES 24/7
EMERGENCIAS 24 HORAS 7 DIAS

BETTER PRICE ON MEDICINE
LOS MEJORES PRECIOS EN MEDICINAS

Tropical Medical Plan, Inc.

UNA SOLUCION VERDADERA
EN EL CUIDADO DE SU SALUD
A True Health Care Solution

P.O. BOX 52-0864 MIAMI, FL. 33152
TELEFONO: 305-820-7002 - FAX: 305-820-3313
WWW.TROPICALMEDICALPLAN.COM

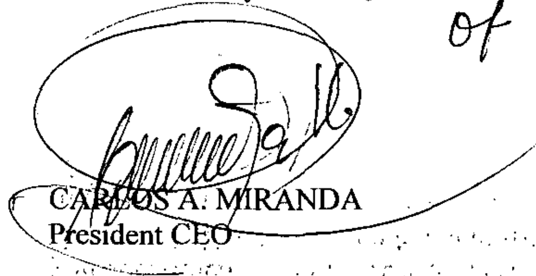
To Whom it may concern:
Att. TINA

November 3, 2004

Dear division of Corporation

My name is Carlos Miranda one of you agent spoke with me through phone
And she told me after we spoke that I have to send a payment because I
already proof to your department with a certified letter sent previously
From me to your department that I make the payment on time but some how
you department never process because nobody knows what happen with the
check for $ 150,00 one hundred and fifty dollars. This is the second time I sent
this amount of money but this time I'll get a return received.
Please I hope you understand that is a very small business
And I wish take this again in consideration because your department have the
proof of all my licenses already.
Please do not hesitate to call us at 786-229-9562 or 305-820-7002

Proof of Payment is enclose copy of First check.



CARLOS A. MIRANDA
President CEO