


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000090628 1. Entity Name TROPICAL MEDICAL PLAN, INC.	
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FILED

2006 FEB 27 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 4311 PALM AVE 2ND FLOOR 3 HIALEAH, FL 33055	Mailing Address PO BOX 520864 MIAMI, FL 33152
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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02222006 REIN-P CR2E098 (11/05)

4. FEI Number 65-1137217	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MIRANDA, CARLOS
4311 PALM AVE 2ND FLOOR
3
HIALEAH, FL 33055

7. Name and Address of New Registered Agent

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:  DATE: **02-25-06**

(NOTE: Registered Agent signature required when reinstating)

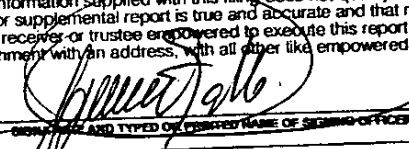
FILE NOW!!! FEE IS \$300.00 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PS	<input type="checkbox"/>
NAME	MIRANDA, CARLOS	
STREET ADDRESS	4562 NW 185 STREET	
CITY-ST-ZIP	MIAMI GARDENS, FL 33055	
TITLE	V	<input type="checkbox"/>
NAME	BECKER, RICARDO	
STREET ADDRESS	5005 SW 137 CT	
CITY-ST-ZIP	MIAMI, FL 33175	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	500068944355	<input type="checkbox"/>
NAME	03/29/05--01016--008 **300.00	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

REINSTATEMENT 2005-2006

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:  Date: **02-25-06** Daytime Phone #