

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

02 MAY 15 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT** 01-02

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P00000023585

1. Corporation Name  
**SURGICAL INSTRUMENT SYSTEMS USA, INC.**

2. Principal Office Address <b>8180 N.W. 36 St.</b> Suite, Apt. #, etc. <b>Suite 230</b> City & State <b>Miami FL</b> Zip Country <b>33166 USA</b>		3. Mailing Office Address <b>9531 S.W. 124 Terr.</b> Suite, Apt. #, etc. City & State <b>Miami FL</b> Zip Country <b>33176 USA</b>	
---	--	--	--

4. Date Incorporated or Qualified To Do Business in Florida **3-1-2000**

5. FEI Number **65-0987520** 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  
**Jurgen G. Ziemer**

Street Address (P.O. Box Number is Not Acceptable)  
**9531 S.W. 124 Terr.**

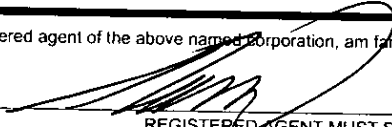
Suite, Apt. #, Etc.

City  
**Miami**

State Zip Code  
**FL 33176**

~~300005610603~~ -9  
-05/24/02--01058--112  
\*\*\*\*900.00 \*\*\*\*900.00

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.

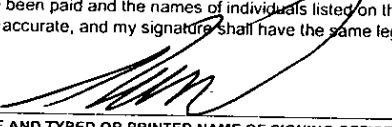
Signature of Registered Agent  REGISTERED AGENT MUST SIGN

Date **5/13/02**

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
P	Kurt Ziemer	Portsrasse 35	2555 Bruegg, Switzerland
T	Raymond Meichtry	Portsrasse 35	2555 Bruegg, Switzerland
D	Frank Ziemer	Portsrasse 35	2555 Bruegg, Switzerland
D	Jurgen Ziemer	9531 S.W. 124 Terr.	Miami, FL 33176

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5/13/02** Daytime Phone # **786-2932936**

CR2E081 (9/01)