

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV 22 PM 2:44

REINSTATEMENT 05



11112005 REIN-P CR2E098 (6/04)

<b>DOCUMENT # P0000023585</b> 1. Entity Name <b>SURGICAL INSTRUMENT SYSTEMS USA, INC.</b>					
Principal Place of Business <b>3900 NW 79TH AVE 328 MIAMI, FL 33166</b>			Mailing Address <b>3900 NW 79TH AVE 328 MIAMI, FL 33166</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0987520</b>	
Zip		Country		<input type="checkbox"/> 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>7. Name and Address of New Registered Agent</b>		
<b>ZIEMER, JURGEN G</b> <b>9531 SW 124 TERR</b> <b>MIAMI, FL 33176</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold; font-size: 1.2em;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>ZIEMER, KURT</b> <b>PORTSRASSE 35</b> <b>2555 BRUEGG SWITZERLAND,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="font-size: 1.5em; font-weight: bold;">500061623045</div> <div style="font-size: 1.2em;">11/22/05--01042--006 **150.00</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <b>MEICHTRY, RAYMOND</b> <b>PORTSRASSE 35</b> <b>2555 BRUEGG SWITZERLAND,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ZIEMER, FRANK</b> <b>PORTSRASSE 35</b> <b>2555 BRUEGG SWITZERLAND,</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>ZIEMER, JURGEN</b> <b>9531 SW 124 TERR</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 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: _____				11/11/05 786-5433452	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

**SURGICAL INSTRUMENT SYSTEMS USA, INC.**  
**3900 N.W. 79<sup>TH</sup>. AVE.**  
**SUITE 328**  
**MIAMI, FL 33166**

November 11, 2005

Florida Department of State  
Division Of corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re Surgical Instrument Systems USA, Inc.  
Ref. No. P00000023585  
Annual Report  
Year: 2005

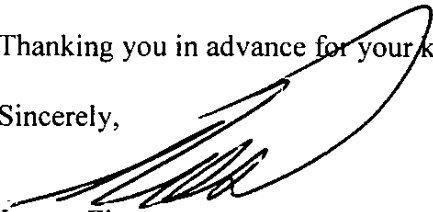
Ladies and Gentlemen;

I am in receipt of the enclosed notice of administrative dissolution for annual report. Attached please find the reinstatement form and a check for \$150 covering the filing fees.

I kindly request the abatement of the penalty because I never received the renewal notification.

Thanking you in advance for your kind assistance I remain.

Sincerely,



Jurgen Ziemer  
For the firm