

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -9 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00000023585**

1. Corporation Name

ZIEMER OPHTHALMOOGY USA CORP.

2. Principal Office Address - No P.O. Box #

9531 SW 124 TERR.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33176

Country
USA

3. Mailing Office Address

9531 SW124 TERR.

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33176

Country
USA

REINSTATEMENT 06-07

4. Date Incorporated or Qualified To Do Business in Florida

2-28-2000

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
ZIEMER, JURGEN G.

Street Address (P.O. Box Number is Not Acceptable)
9531 SW 124 TERR.

Suite, Apt. #, Etc.

City
MIAMI

State
FL

Zip Code
33176

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date **12/20/07**

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	ZIEMER, KURT	PORTSRASSE 35	2555 BRUEGG, SWITZERLAND
T	MEICHTRY, RAYMOND	PORTSRASSE 35	2555 BRUEG, SWITZERLAND
D	ZIEMER, FRANK	PORTSRASSE 35	2555 BRUEG, SWITZERLAND
D	ZIEMER, JURGEN	9531 SW 124 TERR.	MIAMI, FL 33176
			800113645128 01/03/08--01044--009 **900.00

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 contained in Chapter 119, 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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/20/07
Date

786-5433457
Daytime Phone #