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TRANSMITTAL LETTER

FILED
2002 JUN -6 PM 2:50
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations

SUBJECT: SANSONE MICROSURGICAL CO., INC.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

ROBERT J. SANSONE
(Name of Person)

SANSONE MICROSURGICAL CO., INC.
(Firm/Company)

20423 STATE ROAD 7, #F6-253
(Address)

BOCA RATON, FLORIDA 33498
(City/State and Zip code)

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-06/06/02--01034--004
*****78.75 *****78.75

For further information concerning this matter, please call:

ROBERT J. SANSONE at (888) 726-7663
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

J. BRYAN JUN 10 2002

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. SANSONE MICROSURGICAL CO., INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. NEW YORK

(State or country under the law of which it is incorporated)

3.

(FEI number, if applicable)

4. 02/24/2000

(Date of incorporation)

5. PERPETUAL

(Duration: Year corp. will cease to exist or "perpetual")

6. "UPON QUALIFICATION"

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.") (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 20423 STATE ROAD 7, #F-6-253, BOCA RATON, FLORIDA 33498

(Principal office address)

20423 STATE ROAD 7, #F-6-253, BOCA RATON, FLORIDA 33498

(Current mailing address)

8. SURGICAL INSTRUMENT REPAIR SERVICE

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: ROBERT J. SANSONE

Office Address: 10616 MENDOCINO LANE

BOCA RATON

(City)

, Florida 33428

(Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: **ROBERT J. SANSONE**

Address: **20423 STATE ROAD 7, #F6-253**

BOCA RATON, FLORIDA 33498

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. **ROBERT J. SANSONE, PRESIDENT**

(Typed or printed name and capacity of person signing application)

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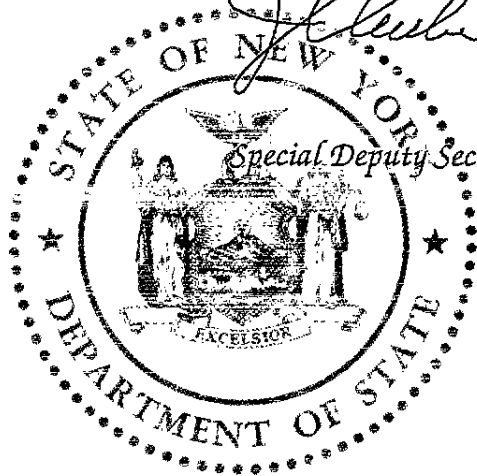
State of New York }
Department of State } SS:

I hereby certify, that the Certificate of Incorporation of SANSONE
MICROSURGICAL CO., INC. was filed on 02/24/2000, with perpetual duration,
and that a diligent examination has been made of the Corporate index for
documents filed with this Department for a certificate, order, or record
of a dissolution, and upon such examination, no such certificate, order
or record has been found, and that so far as indicated by the records of
this Department, such corporation is a subsisting corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 03rd day of June
two thousand and two.

Special Deputy Secretary of State

200206040126 72

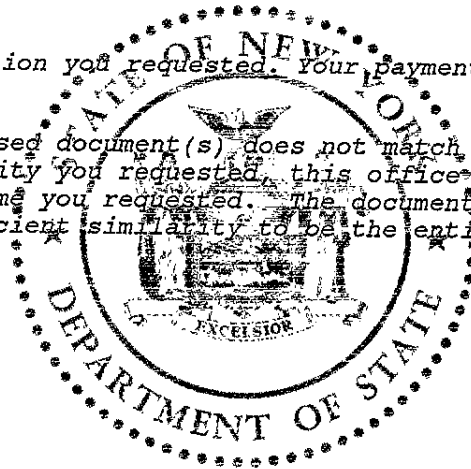


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TALLAHASSEE, FLORIDA

SANSONE MICROSURGICAL CO., INC..
ATTN: ROBERT J. SONSONE
3053 AVENUE U
BROOKLYN NY 11229

Enclosed is the information you requested. Your payment of \$50.00 is hereby acknowledged.

If the name on the enclosed document(s) does not match exactly with the name of the entity you requested, this office does not have a record of the exact name you requested. The document(s) provided appear(s) to be of sufficient similarity to be the entity requested.



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