

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 MAY 15 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT #

PO0000023585

1. Corporation Name

SURGICAL INSTRUMENT SYSTEMS USA, INC.

REINSTATEMENT 01-02

2. Principal Office Address

8180 N.W. 36 St.

Suite, Apt. #, etc.

Suite 230

City & State

Miami

FL

Zip

33166

Country

USA

3. Mailing Office Address

9531 S.W. 124 Terr.

Suite, Apt. #, etc.

City & State

Miami

FL

Zip

33176

Country

USA

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
FL

Zip Code

33176

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

5/13/02

Date

786-2932936

Daytime Phone #

CR2E081 (9/01)