

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)

4. FEI Number **65-0987520** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZIEMER, JURGEN G
9531 SW 124 TERR
MIAMI, FL 33176

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ZIEMER, KURT**
STREET ADDRESS **PORTSRASSE 35**
CITY-ST-ZIP **2555 BRUEGG SWITZERLAND,**

TITLE **T** ☐ Delete
NAME **MEICHTRY, RAYMOND**
STREET ADDRESS **PORTSRASSE 35**
CITY-ST-ZIP **2555 BRUEGG SWITZERLAND,**

TITLE **D** ☐ Delete
NAME **ZIEMER, FRANK**
STREET ADDRESS **PORTSRASSE 35**
CITY-ST-ZIP **2555 BRUEGG SWITZERLAND,**

TITLE **D** ☐ Delete
NAME **ZIEMER, JURGEN**
STREET ADDRESS **9531 SW 124 TERR**
CITY-ST-ZIP **MIAMI, FL 33176**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **500061623045**
11/22/05--01042--006 **150.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jurgen Ziemer

11/11/05 786-5433452

SURGICAL INSTRUMENT SYSTEMS USA, INC.
3900 N.W. 79TH. 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

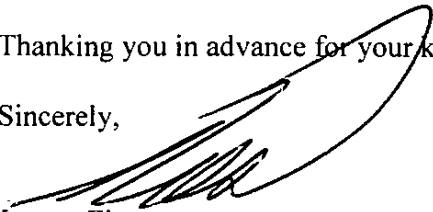
Ladies and Gentlemen;

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