

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

02 NOV 18 AM 8:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P31832**

1. Corporation Name
HAMILTON MEDICAL, INC.

Principal Place of Business P.O. BOX 30008 RENO NV 89520	Mailing Address P.O. BOX 30008 RENO NV 89520
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REINSTATEMENT 02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/14/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 47-0673087	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
CP	WALCHLI, MAX	VALBEUNO 5 CH-7402	BONADUZ, SWITZERLAND
TD	PETERSEN, ROBERT	3000 SAND HILL RD.	MENLO PARK CA
S	SCHLEGEL, KARL	VIA CRUSCH8 CH-7402	BONADUZ, SWITZERLAND

400009052204
 11/18/02--01083--007 **750.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND DRIVE
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, Etc.	
City	State Zip Code
	FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Signature
SIGNATURE REQUIRED
SEEM A. CONDE 10-29-02
 REGISTERED AGENT MUST SIGN **SPECIAL ASST. SECRETARY**

11. 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
SIGNATURE REQUIRED
Leonard Smith
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02 (775) 858-3000

Date Daytime Phone #

CR2E040 (8/02)