PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

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1. Corporation Name

GEMINI MANAGEMENT ENTERPRISES, INC.

Principal Place of Business

Mailing Address

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

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		incorrect in any way, line thro	•							0/
·				ling Office Address, If Applicable North 98th Street		* *	4. Date incorporated or Qualified To Do Business in Florida 07/24/1986			
Suite, Apt. #, etc. Suite, Apt. Suite		Suite, Apt. #, Suite	#, etc. 301			5. FEI Number		Applied For		
City & State	· · · · · · · · · · · · · · · · · · ·		City & State				-59-2725024	··· · [Not Applicable	
Zip Country Zip 68114-2			Omaha, Zip 68114-2	Country			6. \$8.75 Additional Fee required for a Certificate of Status			
7. Names	and Street Ad	dresses of Each Officer and/o				tions must list at lea	st 3 directors)			
Title(s) Name of Officers and/or Directors			Street Address of Each Officer and/or Director						,	
STV	SCHERR, MICHAEL J.			210 REGENCY PARKWAY STEXE 1015 North 98th St.			OMAHA NE 68114-2357 STE 301			
P THEISEN, WILLIAM M				210:REGENCY RAPKWAY: #12k			ርጥፑ 201	MEMPHIS TN 38114 Omaha, NE. 68114-2357		
							30	002438 0301081(14523	50. Oŭ
8. Name and Address of Current Registered Agent					Name and Address of New Registered Agent					
C T CORPORATION SYSTEM — 1200 SOUTH PINE ISLAND BLVD. PLANTATION FL 33324				Name Street Address (P.O. Box Number is Not Acceptable)						
				Suite, Apt. #, Etc.						
						City			State Zip C	ode
10. I, being	appointed the	e registered agent of the above	e named corpo	oration, am f	familiar wit	th and accept the ob	oligations of Secti	on 607.0505, F.S. or 6	317.0505, F.S.	
Signature o	of Agent	A RE	GISTERED AG	ENT MUST	SIGN	James A. Assistan	Bordona: 1 Secreta:	Date	131/0	3
		officer or director or the received ication, the reason for disso								

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

10-3-0-03

402-391-9007

Daytime Phone #

GEMINI MANAGEMENT SERVICES, INC. 1015 NORTH 98TH STREET, SUITE 301 OMAHA, NEBRASKA 68114-2357

October 30, 2003

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: 2003 Uniform Business Report

To Whom It May Concern:

I, as Vice-President, Treasurer and Secretary, of Gemini Management Services, Inc., hereby certify that we were not in receipt of the 2003 Uniform Business Report in the early portion of the year 2003 enabling us to meet the May 1, 2003 filing date for the same report.

You will note that our past filing in years prior to 2003, have been not only timely, however, well in advance of the May 1st filing deadline. The 2003 report was not filed clearly due to not having received the same. You will also note that we are changing the corporations mailing address to prevent this deadline violation in the future.

We hereby request a waiver of the \$600.00 reinstatement fee and are enclosing the standard \$150.00 fee to bring our filing status current. In the meantime, if you have any questions in this regard, please do not hesitate to contact me by calling 402-391-9007 or e-mail at mischerr@bv.omhcoxmail.com.

Sincerely.

Michael J. Scherr