

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 11 AM 8:00

DOCUMENT # P03000130059
1. Entity Name
GISH MANAGEMENT COMPANY, INC.



Principal Place of Business: 1250 W EAU GALLIE, STE K, MELBOURNE, FL 32935
Mailing Address: 1250 W EAU GALLIE, STE K, MELBOURNE, FL 32935

REINSTATEMENT 04



2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

10052004 REIN-P CR2E098 (6/04)
4. FEI Number: 11-3700602
Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent
JONES, RICHARD O
1250 W EAU GALLIE, STE K
MELBOURNE, FL 32935

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: _____ DATE: 10. 8. 04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00**

200041782222
10/11/04--01054--023 **758.75

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: DP NAME: GISH, ROBERT G STREET ADDRESS: 247 32ND AVE CITY-ST-ZIP: SAN FRANCISCO, CA 94121	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DVST NAME: LESAGE, CELESTE E STREET ADDRESS: 247 32ND AVE CITY-ST-ZIP: SAN FRANCISCO, CA 94121	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: _____ Robert G Gish _____ Date: 10/11/04
Signature and typed or printed name of signing officer or director