

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 MAR 22 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT # P99000109925

1. Corporation Name

Shemesh, Inc.

2. Principal Office Address - No P.O. Box #
220 West Street

3. Mailing Office Address
P.O. Box 920

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Postville, IA

City & State
Postville, IA

Zip
52162

Country
USA

Zip
52162

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida
12/21/99

5. FEI Number
65-0970478

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
Stewart M. Mirmelli

Street Address (P.O. Box Number is Not Acceptable)
100 SE 2nd Street

Suite, Apt. #, Etc.
2650

City
Miami

State
FL

Zip Code
33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Stewart M. Mirmelli*

Date 3/20/07

REGISTERED AGENT MUST SIGN

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, VP, S, T, D	Sholom M. Rubashkin	200 West Street	Postville, IA 52162

REINSTATEMENT

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04/04/07--01029--019 **1058.75

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 contained in Chapter 119, 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:

Sholom M. Rubashkin

Sholom M. Rubashkin

3/20/07

563-864-7811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #