

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000118977

**FILED**  
**Mar 21, 2009**  
**Secretary of State**

**Entity Name:** JACOB INVESTMENTS, LLC

**Current Principal Place of Business:**

560 LAVERS CIRCLE  
APT 244  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

560 LAVERS CIRCLE  
147  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

560 LAVERS CIRCLE  
APT 244  
DELRAY BEACH, FL 33444

**New Mailing Address:**

560 LAVERS CIRCLE  
147  
DELRAY BEACH, FL 33444

**FEI Number:** 26-1486578

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

MAHLASELA, JACOB S  
560 LAVERS CIRCLE  
APT 244  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

MAHLASELA, JACOB S  
560 LAVERS CIRCLE  
APT 147  
DELRAY BEACH, FL 33444 US

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.

**SIGNATURE:** JACOB MAHLASELA

03/21/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MAHLASELA, JACOB  
**Address:** 560 LAVERS CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MAHLASELA, JACOB  
**Address:** 560 LAVERS CIRCLE ST:147  
**City-St-Zip:** DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** JACOB MAHLASELA

MR

03/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date