

# 2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L99000008268

Entity Name: LAKEWOOD BANKS, LLC

FILED  
Oct 08, 2004  
Secretary of State

**Current Principal Place of Business:**

501 BANKS ROAD  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 770216  
CORAL SPRINGS, FL 33077

**New Mailing Address:**

FEI Number: 65-0964053

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, SAM  
12309 N.W. 54TH COURT  
CORAL SPRINGS, FL 33076 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MARKOWITZ, ZVI  
Address: 22 PARK AVE.  
City-St-Zip: ARDSLEY, NY 10502

Title: MGRM ( ) Delete  
Name: COHEN, RAMI  
Address: 118 TARA DR.  
City-St-Zip: ROSLYN, NY 11577

Title: MGRM ( ) Delete  
Name: JAMMK, VICTOR  
Address: 1485 ERIC LANE  
City-St-Zip: EAST MEADOW, NY 11554

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: JAMNIK, VICTOR  
Address: 1485 ERIC LANE  
City-St-Zip: EAST MEADOW, NY 11554

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: VICTOR JAMNIK

MGRM

10/08/2004

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