

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M05000001958

1. Entity Name  
MDTABLET, LLC



FILED

07 MAY 17 PM 1:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2220 GABRIEL LANE  
WEST PALM BEACH, FL 33406

Mailing Address  
2220 GABRIEL LANE  
WEST PALM BEACH, FL 33406



2. Principal Place of Business - No P.O. Box #  
10601 Mendocino Ln.

3. Mailing Address  
1836 Lackland Hill Pkwy

04252007 REIN-LLC CR2E101 (1/07)

City & State  
Boca Raton, FL

City & State  
St. Louis, MO

4. FEI Number  
05-0553270

Applied For  
Not Applicable

Zip  
33428

Country

Zip  
63146

Country

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

## 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 Ann R. Shilling, Asst V.P.  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-07

FILE NOW!!! FEE IS \$100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MARKS, KEITH  
1836 LACKLAND HILL PKWY  
ST. LOUIS, MO 63146 ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
300103289353  
05/25/07--01025--016 \*\*100.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

5-1-2007

REINSTATEMENT