

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 13 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/12/09--01039--001 **282.50
CR2E041 (10/09)

DOCUMENT # L07000009948

1. Limited Liability Company's Name

SUPPORT6, LLC

2. Principal Office Address - No P.O. Box #

1612 E. Marks Street

Suite, Apt. #, etc.

3. Mailing Office Address

1612 E. Marks Street

Suite, Apt. #, etc.

4. State/Country of Formation **Florida/United States**

5. Date Organized or Qualified

To Do Business in Florida 01/26/2007

6. FEI Number

37-1537855

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee
required for a
Certificate of Status

A \$100 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 \$100 reinstatement fee be waived.

8. Name and Address of Current Registered Agent

Name **David M Lachicotte**

Street Address (P.O. Box Number Is Not Acceptable)
1612 E. Marks Street

Suite, Apt. #, Etc.

City **Orlando** State **FL** Zip Code **32803**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Date **November 9, 2009**
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City/State/Zip
MGRM	David M. Lachicotte	1612 E. Marks Street	Orlando, FL 32803
MGRM	Stacey C. Lachicotte	1612 E. Marks Street	Orlando, FL 32803

REINSTATEMENT

11. E-mail Address: **david@david-it.com**

(To be used for future annual report notifications)

12. I certify that I am a managing member/manager or the receiver or trustee empowered to execute this application as provided in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager Date **11/09/2009** Daytime Phone # **407.230.0288**

Typed or printed name of signing Managing Member/Manager **David M. Lachicotte**