

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

400162766164
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

\$5.00 Additional Fee
required for a
Certificate of Status

7. CERTIFICATE OF STATUS DESIRED ☒

☒ 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 |
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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