


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10fz

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY -3 AM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000036567

1. Corporation Name  
**BASIC SUPPORT, INC.**

2. Principal Office Address <b>1532 USA1 BYPASS SOUTH</b> Suite, Apt. #, etc. <b>#313</b> City & State <b>VENICE</b> Zip <b>FL</b> Country <b>USA</b>		3. Mailing Office Address <b>1532 USA1 BYPASS SOUTH</b> Suite, Apt. #, etc. <b>#313</b> City & State <b>VENICE</b> Zip <b>FL</b> Country <b>USA</b>	
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REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida **April 6, 2001**


5. FEI Number **59-3699868**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name <b>STEVEN A. VARGA</b>	100035259291
Street Address (P.O. Box Number is Not Acceptable) <b>1681 5TH STREET</b>	05/03/04--01052--014 **150.00
Suite, Apt. #, Etc.	100035259291
City <b>ENGLEWOOD</b>	05/03/04--01052--015 **150.00
State <b>FL</b>	Zip Code <b>34223</b>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.


Signature of Registered Agent  Date **4.29.2004**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/T/D	STEVEN A. VARGA	1681 5TH STREET	ENGLEWOOD, FL 34223
V/S/D	GLADYS M. VARGA	1681 5TH STREET	ENGLEWOOD, FL 34223

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:  Date **4.29.2004** Daytime Phone # **941-474-1676**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2001 (01/04)

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**Basic Support, Inc.**  
**1532 US 41 By-Pass South**  
**Venice, FL 34293**  
**941-474-1676**  
**savarga@comcast.net**

Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

April 15, 2004

To whom it may concern,

This letter is in reference to the inactive status of Basic Support, Inc.

Basic Support, Inc. moved its offices on June 15, 2002 from:  
7028 West Waters Ave. PMB 279  
Tampa, FL 33634

to:  
1532 Us 41 By-Pass South #313  
Venice FL 34293

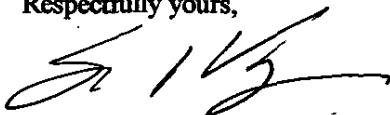
I did not receive my 2003 UBR Report at my new address, thus did not file for 2003. Enclosed is a check for \$150.00 for my re-instatement for 2003.

I also have not received my UBR Report for 2004. Enclosed is a second check for \$150.00 for 2004.

Also enclosed are my reinstatement papers.

Thank you for your consideration.

Respectfully yours,



Steven A. Varga  
President  
Basic Support, Inc.  
(941) 474-1676