

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE  Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> P97000058622 <b>1. Corporation Name</b> The Body Guards Inc.		<b>FILED</b> <b>04 JUL -6 PM 3:39</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA 03-04	
<b>Principal Place of Business</b>  		<b>Mailing Address</b>  	
<b>2. Principal Place of Business</b> <b>21</b> 9344 Timber Trail Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Pittsburgh PA Zip <b>24</b> 15237		<b>2a. Mailing Address</b> <b>26</b> 9344 Timber Trail Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Pittsburgh PA Zip <b>29</b> 15237	
<b>3. Date Incorporated or Qualified</b> 7/3/1997		<b>3a. Date of Last Report *</b> 3/19/02	
<b>4. FEI Number</b> 650765082		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
		<b>81 Name</b> Corporate Creations Network Inc.	
		<b>82 Street Address (P.O. Box Number is Not Acceptable)</b> 11380 Prosperity Farms Road #221E	
		<b>83</b>	
		<b>84 City</b> Palm Beach Gardens <b>FL</b> <b>85 Zip Code</b> 33410	
<b>11. Pursuant to the provisions of Sections 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.</b>			
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.		K. SARRIA VP CCNI 7/2/04 (NOTE: Registered Agent signature required when reinstating) DATE	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b> President / Director <input type="checkbox"/> DELETE <b>NAME</b> Peter Draovitch <b>STREET ADDRESS</b> 9344 Timber Trail <b>CITY-ST-ZIP</b> Pittsburgh, PA 15237		<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000038954710</b> <b>07/09/04--01078--002 **300.00</b>
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <input type="checkbox"/> DELETE <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, or on attachment with an address.</b>			
<b>SIGNATURE</b> by K. Sarria as attorney-in-fact Peter Draovitch 7/2/04		Date Daytime Phone #	

Florida Department of State  
Division of Corporations  
409 East Gaines Street  
Tallahassee, FL 32399

Re: The Body Guards Inc.

Enclosed are the following:

1. Uniform Business Report for the company referenced above.
2. ~~\$300~~ check payable to Florida Department of State

We never received the Uniform Business Report for the following year(s) that should have been mailed to us:

2003

2004

Please waive the late filing fee and treat the company as never being administratively dissolved. Thank you.

By: [Signature]

by K. Sarria as attorney-in-fact

Name: Peter Draovitch

Title: President

Date: 7/2/05