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**Florida Department of State**  
Division of Corporations  
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**To:**

Division of Corporations  
Fax Number : (850)617-6384

**From:**

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

**CORPORATION REINSTATEMENT****THE BODY GUARDS INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<del>\$1,050.00</del>

\$ 450.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

CORPORATION  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2009 FEB -2 A 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000058622

1. Corporation Name

THE BODY GUARDS INC.

2. Principal Office Address - No P.O. Box #  
503 CULLODEN COURT3. Mailing Office Address  
503 CULLODEN COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
GREENSBURG PACity & State  
GREENSBURG PAZip  
15601Country  
USZip  
15601Country  
US

CR2E081 (12/08)

4. Date Incorporated or Qualified  
To Do Business in Florida 07/03/19975. FEI Number  
850765082Applied For  
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☐SB 75 Additional Fee required  
for a Certificate of Status

## 7. Name and Address of Current Registered Agent

Name  
CORPORATE CREATIONS NETWORK INC.Street Address (P.O. Box Number is Not Acceptable)  
11380 Prosperity Farms Road #221E

Suite, Apt. #, etc.

City  
Palm Beach GardensState Zip Code  
FL 33410

☒ The 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 reinstatement fee be waived.

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

Samantha Simons, Special Secretary

Date 02/02/09

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PO	PETER DRAOVITCH	9344 TIMBER TRAIL	PITTSBURGH PA 15237

REINSTATEMENT

07-09

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 contained in Chapter 119, 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:

S. Simons as attorney-in-fact

02/02/09

561-694-8107

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Anytime Phone #