


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F01000000834**

1. Corporation Name
Teleflight Limited, Inc.

2. Principal Office Address Tarmac Way		3. Mailing Office Address	
Suite, Apt. #, etc. Speedbird Close		Suite, Apt. #, etc.	
City & State West Drayton Harmondsworth		City & State	
Zip UB7 0GB	Country UK	Zip	Country

FILED
2007 JAN -8 PM 2:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700084662147
01/17/07--01008--027 **750.00

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Rd

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

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 **Anthony LiCausi** REGISTERED AGENT MUST SIGN

Anthony LiCausi Vice President Date **12-27-06**

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
CEO	William Walsh	Waterside, Harmondsworth	West Drayton UK
Secretary	Alan Buchanan	Holleis Cottage	Sydenham, Oxfordshire UK
SVP	Barbara Cohen	1011 Carthage Rd	Scarsdale, NY 1
			B. 1/10/07

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: **Barbara Cohen** **Barbara Cohen** 12-23-06 347 418 4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)