

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F01000000834

**FILED**  
**Mar 27, 2009**  
**Secretary of State**

**Entity Name:** TELEFLIGHT LIMITED, INC.

**Current Principal Place of Business:**

4887 BELFORD ROAD  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

75-20 ASTORIA BLVD  
ATTN: J CUSMIANI  
JACKSON HEIGHTS, NY 11370 US

**New Mailing Address:**

**FEI Number:** 52-2223161      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BARBARA BURKE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( )**

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: WALSH, WILLIAM  
Address: WATERSIDE HARMONDSWORTH  
City-St-Zip: WEST DRAYTON, UK UB7 0GB UK

Title: SCTY ( ) Delete  
Name: BUCHANAN, ALAN  
Address: HOLLEIS COTTAGE  
City-St-Zip: SYDENHAN OXFORDSHIRE, UK UB7 0GB UK

Title: SVP ( ) Delete  
Name: COHEN, BARBARA  
Address: 1011 CARTHAGE RD  
City-St-Zip: SCARSDALE, NY 11370 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SVP (X) Change ( ) Addition  
Name: EVANS, NEIL  
Address: 75-20 ASTORIA BLVD  
City-St-Zip: JACKSON HEIGHTS, NY 11370 US

Title: CFO ( ) Change (X) Addition  
Name: WILLIAMS, KEITH  
Address: WATERSIDE HARMONDSWORTH  
City-St-Zip: WEST DRAYTON, UK UB7 0GB UK

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL EVANS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SVP

03/27/2009

\_\_\_\_\_  
Date