

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P10000083523

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** EMPLOYEE WORK, STUDY, & TRAVEL SERVICES, INC.

**Current Principal Place of Business:**

225 WOODLAWN DR.  
PANAMA CITY BEACH, FL 32407 US

**New Principal Place of Business:**

**Current Mailing Address:**

225 WOODLAWN DR.  
PANAMA CITY BEACH, FL 32407 US

**New Mailing Address:**

**FEI Number:** 27-4274435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALAM, BILOLE  
225 WOODLAWN DR.  
PANAMA CITY, FL 32407 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:** BILOLE ALAM

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** ALAM, BILOLE  
**Address:** 225 WOODLAWN DR.  
**City-St-Zip:** PANAMA CITY, FL 32407 US

I hereby 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 all other like empowered.

**SIGNATURE:** BILOLE ALAM

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

PRES

02/23/2012

\_\_\_\_\_  
Date