

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAR 26 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M78592

1. Corporation Name

PHIL-AM INVESTORS, INC.

2. Principal Office Address

5325 Palmetto Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

5325 Palmetto Avenue

Suite, Apt. #, etc.

City & State

Fort Pierce, Florida

Zip

34982

Country

USA

City & State

Fort Pierce, Florida

Zip

34982

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04.29.1988

5. FEI Number

20-0869707

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

VICTOR N. MENDOZA

Street Address (P.O. Box Number is Not Acceptable)

1107 Kingswood Lane

Suite, Apt. #, Etc.

City

Fort Pierce

State

FL

Zip Code

34982

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

*V. N. Mendoza*

REGISTERED AGENT MUST SIGN

Date 3/4/04

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
P	PRUDENCIO E. LAROYA	5325 Palmetto Avenue	Fort Pierce, FL 34982
V	ALFREDO GONZALES	1124 SE Sandia DR	Port St Lucie, FL 34983
S	ROSARIO M. MENDOZA	1107 Kingswood Lane	Fort Pierce, FL 34982
T	VICTOR N. MENDOZA	1107 Kingswood Lane	Fort Pierce, FL 34982

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:

*Prudencio Laroya*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-4-04

Date

772-465-7241

Daytime Phone #

PRUDENCIO E. LAROYA, President

CR2E081 (01/04)