PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION * FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

F96000001766 DOCUMENT

1. Corporation Name

AMERICAN STANDARD FINANCIAL CORPORATION

Principal Place of Business	Mailing Address

15 W 54 ST 2ND FLOOR

15 W 54 ST 2ND FLOOR

NEW YORK NY 10019

NEW YORK NY 10019

f above addresses are i	ncorrect in any way,	line through in	correct informat	ion and ente	r correction	belov

	e Address, If Applicable		fice Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
7. Names and Street	Addresses of Each Officer ar	nd/or Director (Florida n	onprofit corporations must list at le	

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SECRETARY OF STATE FALLAHASSEE, FLORIDA



RETUSTATEMENT (7)

f above address	ses are incorrect in any way, line	through incorrect info	rmation and enter correction below.	a constant to a series of the second to the		
New Principal Office Address, If Applicable		3. New Mailing	Office Address, If Applicable	Date Incorporated or Qualified To Do Business in Florida O4/09/1996,		
uite, Apt. #, etc. Suite, Apt. #,		Suite, Apt. #, e	tc.			
				5. FEI Number	Applied Por	
ty & State		City & State		13-3880163	Not Applicable	
p	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Addition for a Certific		
Names and St	reet Addresses of Each Officer a	nd/or Director (Florid	da nonprofit corporations must list at le	east 3 directors)		
	Name of Officers		Street Address of Eac	th I		

	()		
Title(s)	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director	City / State / Zip
DP	J. Paul McGrath	C/O MIKE GOGOLA, 235 FENCL LN	HILLSIDE IL 60162
DVS	PAINE, FREDERICK C	C/O MIKE GOGOLA, 235 FENCL LN	HILLSIDE IL 60162
VT	BATTAGLIA, THOMAS S	C/O MIKE GOGOLA, 235 FENCL LN	HILLSIDE IL 60162
AVI	WELLBROOK, ROBERTY Marilyn A. Gargano	C/O MIKE GOGOLA, 235 FENCL LN	HILLSIDE IL 60162
AS	MAHONEY, MARY JANE	C/O MIKE GOGOLA, 235 FENCL LN	HILLSIDE IL 60162
	-		000035145804 -12/27/0001069006 ****750,00 ****750.00

	A 15 11 14 1
8. Name and Address of	Current Registered Agent

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

Suite, Apt. #, Etc.

Zip Code

10. I, being appointed the registered agent of the above permed comparation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

9. Name and Address of New Registered Agent

11. 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:

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ASFC

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20/2

DIRECTORS

Currently Authorized: 2

Min: 1

Max: 2

Quorum: 1

Classes: 0

Comment:

Directors' Meetings: When called Notice: 2 days (Action unanimous consent with a meeting permitted). Telephone

meetings permitted: Notice: 6 hours Terms: Until retirement, resignation or removal.

Title

J. Paul McGrath Frederick C. Paine Director Director

OFFICERS

J. Paul McGrath

Thomas S. Battaglia

Frederick C. Paine

MaryJane Mahoney

Sharon A. Umhoefer

Marilyn A. Gargano

Title

President

Vice President & Treasurer

Vice President & Secretary

Assistant Secretary

Assistant Secretary

Assistant Treasurer