

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
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DOCUMENT # **F97000001789**

1. Corporation Name

**STANDARD MOTOR PRODUCTS, INC.**

Principal Place of Business

Mailing Address

37-18 NORTHERN BLVD.  
 LONG ISLAND CITY NY 11101

37-18 NORTHERN BLVD.  
 LONG ISLAND CITY NY 11101

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

REINSTATEMENT *08*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

04/08/1997

City & State

City & State

5. FEI Number

11-1362020

Applied For

Not Applicable

Zip

Country

Zip

Country

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

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
<del>E T</del>	<del>Robert Martin EIFE, BERNARD</del>	<del>9 Nash Road 40 REMSEN RD.</del>	<del>Goldens Bridge, NY 10526 GREAT NECK NY 11024</del>
<del>D</del>	<del>Robert J Swartz SILLS, NATHANIEL</del>	<del>1500 Palisade Ave # 27E 5 INWOOD LANE WEST</del>	<del>Fort Lee N.J. 07024 REEKSKILL NY 10588</del>
DP	SILLS, LAWRENCE I	534 - 1ST ST.	BROOKLYN NY 11215
D	DAVIS, ARTHUR D	9705 OLD CLUB TRACE	RICHMOND VA 23233
* V	<del>James Burke BAILEY, MICHAEL J</del>	<del>7 Holly Drive 22 YEOMAN DR.</del>	<del>Syoset NY 11791 UPPER SADDLE RIVER NJ 07458</del>
S	KAY, SANFORD	21 DEERWOOD RD.	WESLEY HILLS NY 10977

8. Name and Address of Current Registered Agent

GAULT, ROBERT  
 170 SUNPORT LAND  
 170 SUNPORT LANE  
 ORLANDO FL 32809

9. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 Suite, Apt. #, Etc. **200003484042--9**  
 City **FL** **11222-009**  
 State **FL** Zip **33750.00**

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

Signature of Registered Agent

*[Signature]*  
 REGISTERED AGENT MUST SIGN

Date **11/9/00**

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided 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: *[Signature]* **Robert Martin** **11/2/00** **(718) 392-0200**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)