PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

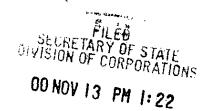
DOCUMENT # F97000001789

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			REINSTATEMENT CO		
if above a	idresses are i	ncorrect in any way, line	through incorrect in	nformation and	enter correction below.	LIE IIIA	Olui Casama	DAM BYTON YOUR BEAT OF THE PARTY OF THE PART	
		ddress, if Applicable		New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida 04/08/1997		
Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc		5. FEI Numbe		Applied For	
City & State			City & State	City & State		11-1362020 Not Applicab			
Zip	Country		Zip		Country			75 Additional Fee required or a Certificate of Status	
7. Names a	nd Street Add	dresses of Each Officer	and/or Director (Flo	orida nonprofit c	orporations must list at le	east 3 directors)			
Title(s)	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City/State/Zip 4 Goldens Bridge, NY 10526 GREAT NECK NY 11024		
T-3				40 REMSEN RD.					
⊕ D	D SILLS, NATHANIEL			5 INWOOD LANE WEST			PSEKSKILL NY 18588		
DP	SILLS, LAWRENCE I			534 - 1ST ST.			BROOKLYN NY 11215		
D	DAVIS, ARTHUR D			9705 OLD CLUB TRACE			RICHMOND VA 23233		
41	Janes Burke BAILEY, MICHAEL J			TEOMAN DR. Dr. VC			UPPER SADDLE RIVER NJ 07458		
S	KAY, SANFORD			21 DEERWOOD RD.			WESLEY HILLS NY 10977		
	8. Nam	e and Address of Curr	ent Registered Age	ent		9. Name and	Address of New Registered	Agent	
GAULT, ROBERT 170 SUNPORT LAND					Street Address	(P.O. Box Number	r is Not Acceptable)	·	

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.

Suite, Apt. #, Etc.

City

SIGNATURE:

Signature of Registered Agent

170 SUNPORT LANE

ORLANDO FL 32809

TRE REQUESTION HOWEN

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.

REGISTERED AGENT MUST SIGN

11 2 00 (718) 392-0200

200003484042

Date X

12/04/00---01022--