

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

00 OCT 24 PM 1:19

DOCUMENT # F98000006560

1. Corporation Name

STANDARD AMERICAS, INC.

Principal Place of Business Mailing Address
153 EAST 53RD STREET 38TH FLOOR 153 EAST 53RD STREET 38TH FLOOR
NEW YORK NY 10022 NEW YORK NY 10022



REINSTATEMENT 00

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		4. Date Incorporated or Qualified To Do Business in Florida 12/02/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 13-3969432	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$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
P	SCLATER-BOOTH, NEIL L	153 EAST 534D STREET 38TH FLOOR	NEW YORK NY 10022
D/S	PRINSLOO, PETER C	153 EAST 534D STREET 38TH FLOOR	NEW YORK NY 10022
D	O'CONNER, SEAN M	153 EAST 534D STREET 38TH FLOOR	NEW YORK NY 10022

3000003456079-8
-11/07/00--01119--023
****750.00 ****750.00

8. Name and Address of Current Registered Agent G-T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name Keith Olin Street Address (P.O. Box Number is Not Acceptable) Morgan, Lewis & Bockius, LLP Suite, Apt. #, Etc. 200 S. Biscayne Blvd., #5300 1st Union Fin City Miami State FL Zip Code 33131-2339	
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 REGISTERED AGENT MUST SIGN		Date 10/15/00	

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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
NEIL L. SCLATER-BOOTH
Date 10-13-00 Daytime Phone # 212-407-5600