PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 JUN -5 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 515257

1. Corporation Name

Eager Beaver Carwash, Inc.

REINSTATEMENT 05-06
CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1791 South Tamiami Trail	1000 Crawford Place
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	Suite 400
City & State	City & State
Venice, FL	Mount Laurel, NJ
Zip / Country	Zip / Country
34293 / usa	08054 / usa

4. Date Incorporated or Qualified To Do Business In Florida

5. FEI Number: 59-1689663 — Applied For — Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $78.75 Additional fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd

300076156173
06/13/06 01000 019 **00.00

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Jaes Newsome — JAMES M. NEWSOME, Special Assistant Secretary — Date: 1/27/06
REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Louis D. Paolino, Jr.	1000 Crawford Place	Mount Laurel, NJ 08054
S	Robert M. Kramer	1000 Crawford Place	Mount Laurel, NJ 08054
T	Gregory M. Krzemien	1000 Crawford Place	Mount Laurel, NJ 08054

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 contained in Chapter 119, 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: _____ 1/27/06 — 1-855 778-2302
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #