

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**CORPORATION REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Secretary of State  
 DIVISION OF CORPORATIONS

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

**DOCUMENT # 515257**

1. Corporation Name  
**Eager Beaver Carwash, Inc.**

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

REINSTATEMENT 05-06  
 CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number  
**59-1689663**

6. CERTIFICATE OF STATUS DESIRED  (SEE Additional Form called for a Certificate of Status)

7. Name and Address of Current Registered Agent

**CT Corporation System**  
**1200 South Pine Island Rd**  
 Suite, Apt. #, Etc.  
**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 sections 607.0505 or 617.0505, F.S.

Signature of Registered Agent: *James M. Newsome*  
**JAMES M. NEWSOME**  
 Special Assistant Secretary

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: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Date: **1/27/06**  
 Daytime Phone #: **1-856-778-2300**