

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 DEC 26 PM 3:01/032

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900082263509
12/04/06--01061--002 **150.00

900082263509
12/04/06--01061--003 **150.00

REINSTATEMENT 05-00

4. Date Incorporated or Qualified To Do Business in Florida 11/05/96

5. FEI Number 59-3408998 Applied For Not Applicable

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

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000091535

1. Corporation Name
CUSTOM BEVERAGE SERVICE, INC.

W06000052462

2. Principal Office Address
10383 OAK ST. NE

3. Mailing Office Address
PO BOX 1075

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. PETERSBURG, FL

City & State
VALRICO, FL

Zip Country
33702 USA

Zip Country
33594 USA

7. Name and Address of Current Registered Agent

Name
TIMOTHY ELMER
Street Address (P.O. Box Number is Not Acceptable)
2733 ST. CLOUD OAKS DR.
Suite, Apt. #, Etc.
City
VALRICO

State Zip Code
FL 33594

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: [Signature]
REGISTERED AGENT MUST SIGN

Date 12/20/06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TIMOTHY ELMER	2733 ST. CLOUD OAKS DRIVE	VALRICO, FL 33594
VP	MELANIE ELMER	2733 ST. CLOUD OAKS DRIVE	VALRICO, FL 33594

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 SIGNING OFFICER OR DIRECTOR

11/29/04 813 661 5372
Date Daytime Phone #

K. Eckel DEC 26 2006

WELLS, HOUSER & SCHATZEL, P.A.
CPA AND CONSULTING FIRM

John B. Houser, CPA
Peter C. Schatzel, CPA
Peter B. Wells, CPA

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November 29, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Custom Beverage Service, Inc.
Document # P96000091535
Corporation Reinstatement – 2005 and 2006

Ladies and Gentlemen:

I am writing to you in connection with the above-referenced Corporation reinstatement for 2005 and 2006. I am the Corporation's independent CPA. Your application indicates a fee owed for reinstatement, but may be waived if the corporation did not receive the annual report notices in the year of dissolution/revocation. I request that the reinstatement fee be waived, based on the following circumstances.

Custom Beverage Service, Inc. lost a key employee in 2005 due to serious illness and died later in the year. During this time, Custom Beverage Service, Inc. made a change of address since the employee was responsible for receipt of mail, banking, among other key responsibilities for the business.

Based on these facts and circumstances, Custom Beverage Service, Inc. did not receive the 2005 annual report causing admin dissolution for annual report on September 16, 2005. I request the reinstatement fee be waived and Custom Beverage Service Inc. to be reinstated. There was no willful neglect or intentional disregard of the rules. Your fair consideration of this request is appreciated.

Thank you for your attention to this matter.

Sincerely,

Peter B. Wells

Peter B. Wells
Certified Public Accountant

WH&S