

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

1997 APR 17 AM 9:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-04/22/97--01050--027  
\*\*\*\*365.00 \*\*\*\*365.00

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS



DOCUMENT # **P94000086345**  
1. Corporation Name  
**MERLYN THE PARTY WIZARD, INC.**

Principal Place of Business Mailing Address  
**1592 LAKE BEND PLACE  
ORANGE PARK, FL 32073**

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>650560687</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input 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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
<b>PRESIDENT</b>	<b>Russell W. Kamradt</b>	<b>1592 LAKE BEND PLACE</b>	<b>ORANGE PARK, FL 32073</b>
<b>VICE PRES.</b>	<b>KATHERINE J. Kamradt</b>	<b>1592 LAKE BEND PLACE</b>	<b>ORANGE PARK, FL 32073</b>

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
<b>Russell W. Kamradt 1592 LAKE BEND PLACE ORANGE PARK, FL 32073</b>	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code

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 **Russell W. Kamradt** Date **April 14, 1997**  
REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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.

**Russell W. Kamradt**  
SIGNATURE: **Russell W. Kamradt** Date **April 14, 1995 (904) 269-7363**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #



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# Merlyn the Party Wizard

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P.O. Box 611, Orange Park, Florida 32067 • (904) 269-6197 • Fax: (904) 269-5966

March 31, 1997

Internal Revenue Service  
Division of Reinstatement  
P. O. Box 6327  
Tallahassee, FL 32314

Subject: Merlyn The Party Wizard    FEI #650560687

Dear Agent:

I contacted your office by phone today as I was concerned that I never received a Corporate return statement from your department. To my surprise, your records still show our old Davie address. We contacted both state and federal agencies of our change of address. (Note copy of 1997 Florida Intangible Tax Return for Corporation, attached with our change of address printed on it).

I was informed by your office that, inasmuch as I never received the Corporate return statement, all I need to do is send you this letter with a check for \$365.00 and I would be reinstated and current. Therefore, please find a check enclosed for that amount.

Thank you for your help in this matter.

Sincerely,

Russell W. Kamradt  
President

RWK/kk

ENCLOSURE