




PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA 09 OCT -5 PM 3:41 200161356652 10/05/09--01071--018 **796.25																											
DOCUMENT # N93000002586 1. Corporation Name Stepping High Youth Club, Inc.																															
2. Principal Office Address - No P.O. Box # 17905 Bimini Isle Ct Suite, Apt. #, etc.		3. Mailing Office Address 17905 Bimini Isle Ct Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 06/04/1993 5. FEI Number 59-3196443 Applied For <input type="checkbox"/> Not Applicable 6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$0.75 Additional Fee required for a Certificate of Status																											
City & State Tampa, FL		City & State Tampa, FL																													
Zip 33647	Country USA	Zip 33647	Country USA																												
7. Name and Address of Current Registered Agent Name Mohammad Munir Street Address (P.O. Box Number is Not Acceptable) 17905 Bimini Isle Ct Suite, Apt. #, Etc. City Tampa																															
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  REGISTERED AGENT MUST SIGN Date 09/22/2009				<input type="checkbox"/> The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.																											
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Titles</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>D</td> <td>Mohammad Munir</td> <td>17905 Bimini Isle Ct</td> <td>Tampa, FL 33647</td> </tr> <tr> <td>D</td> <td>Humaira Munir</td> <td>17905 Bimini Isle Ct</td> <td>Tampa, FL 33647</td> </tr> <tr> <td>D</td> <td>Nabeela Tareen</td> <td>1427 Kaffir Lily Ct</td> <td>Trinity, FL 34655</td> </tr> <tr> <td>D</td> <td>Salim K Afridi</td> <td>3004 Barret Ave</td> <td>Plant City, FL 33566</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>						Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	D	Mohammad Munir	17905 Bimini Isle Ct	Tampa, FL 33647	D	Humaira Munir	17905 Bimini Isle Ct	Tampa, FL 33647	D	Nabeela Tareen	1427 Kaffir Lily Ct	Trinity, FL 34655	D	Salim K Afridi	3004 Barret Ave	Plant City, FL 33566						
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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:  MOHAMMAD MUNIR Date 09/22/2009 Daytime Phone # 813-727-7069																															