


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002586

1. Corporation Name
Stepping High Youth Club, Inc.

2. Principal Office Address - No P.O. Box # 17905 Bimini Isle Ct		3. Mailing Office Address 17905 Bimini Isle Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
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

State
FL

Zip Code
33647

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT -5 PM 3:41

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10/05/09--01071--018 **796.25

REINSTATEMENT 00-09 ^{KS}
CR2E081 (12/08)

4. Date Incorporated or Qualified To Do Business in Florida **06/04/1993**


5. FEI Number **59-3196443**

Applied For	
Not Applicable	

6. CERTIFICATE OF STATUS DESIRED \$0.75 Additional Fee required for a Certificate of Status

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.

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  Date **09/22/2009**

REGISTERED AGENT MUST SIGN

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
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

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**