

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# F01000006489

Entity Name: RELIQ, INC.

**FILED**  
**Dec 12, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

499 SEVENTH AVENUE  
15 TH FLOOR  
NEW YORK, NY 10018

**New Principal Place of Business:**

**Current Mailing Address:**

253 NE 73RD ST.  
MIAMI, FL 33183 US

**New Mailing Address:**

FEI Number: 13-3938090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KAPUR, KARAN  
253 NE 73RD ST  
MIAMI, FL 33138 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KARAN KAPUR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KAPUR, KARAN  
Address: 499 SEVENTH AVENUE, 15TH FLOOR  
City-St-Zip: NEW YORK, NY 10018

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KARAN KAPUR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

P

12/12/2008

\_\_\_\_\_  
Date