2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000114643

1. Entity Name
LIOLLIO ASSOCIATES INC.

06 OCT 10 [illegible]

Principal Place of Business	Mailing Address
147 WAPPOO CREEK DRIVE SUITE 400 CHARLESTON, SC 29412	147 WAPPOO CREEK DRIVE SUITE 400 CHARLESTON, SC 29412

REINSTATEMENT 2006

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number
57-0562105
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PINES, RICARDO E 3301 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRES LIOLLIO, DINOS 147 WAPPOO CREEK DRIVE, SUITE 400 CHARLESTON, SC 29412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900080876129 10/16/06--01043--025 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LIOLLIO, CHERIE A 147 WAPPOO CREEK DRIVE, SUITE 400 CHARLESTON, SC 29412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCHIMPF, THOMAS L 147 WAPPOO CREEK DRIVE, SUITE 400 CHARLESTON, SC 29412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREA BARTLETT, ELIZABETH N 147 WAPPOO CREEK DRIVE, SUITE 400 CHARLESTON, SC 29412	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRIN BOUSQUET, RICK 147 WAPPOO CREEK DRIVE STE 400 CHARLESTON, SC 29412	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ G.DINOS LIOLLIO 10/11/06 843-762-2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #