2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000109414

Entity Name: TRAVERTSON, INC.

Current Principal Place of Business:	**New Principal Place of Business:**
380 DEVESTATION DAYTONA LN. ORMOND BEACH, FL 32174 US	380 DESTINATION DAYTONA LN. ORMOND BEACH, FL 32174 US

Current Mailing Address:	**New Mailing Address:**
6245 SW 56TH. STREET DAVIE, FL 33314 US	

FEI Number: 42-1676499   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
TRAVERT, NICOLE 6245 SW 56TH. STREET DAVIE, FL 33314 US	

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: NICOLE TRAVERT
_____

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

Title:	P,	( ) Delete	Title:	( ) Change ( ) Addition
Name:	TRAVERT, CHRISTIAN		Name:	
Address:	6245 SW 56TH. STREET		Address:	
City-St-Zip:	DAVIE, FL 33314 US		City-St-Zip:	
Title:	VP	( ) Delete	Title:	( ) Change ( ) Addition
Name:	TRAVERT, NICOLE		Name:	
Address:	6245 SW 56TH STREET		Address:	
City-St-Zip:	DAVIE, FL 33314 US		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: NICOLE TRAVERT   VP   10/28/2009
_____

      Electronic Signature of Signing Officer or Director   Date