PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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	RPORATION STATEMENT	Secretai	RTMENT OF STATE ry of State corporations		2017 MAY - I AP SECRETARY OF ALL AHASSEE, F	
1 C	JMENT # . Ition Name LESMETRIC S ,	INC	P100000 701-	.		
2. Principal Office Address - No P.O. Box # 385/ WeetamooCr, 1895, Onange Suite, Apt. #, etc. Suite, Apt. #, etc.				4. Data Incompanied or Oscilland		
	ando, FL	City & State	Country Orange	5. FEI Number 23 - 33	337685	Applied For Not Applicable 8.75 Additional Fee require for a Certificate of Status
						to a comment of ordinar
7. Name and Address of Current Registered Agent Name Laurence J. Pino, Esquire Street Address (P.O. Box Number is Not Acceptable)						
Street Address (P.O. Box Number is Not Acceptable) 1895, Onange Ave, Suite, Apt. #, Etc. Suite 1650				600298613786 05/01/1701004002 **750.00		
City Orlando State Zip Code FL 3280/						
8. I, being	appointed the registered egent of the abo	ve named corporation, am	familiar with and accept the of	oligations of section	on 607.0505 or 617.0503, I	.s.
Signature or Registered	Agent	EGISTERED ASENT MUS	T SIGN		Date	
9. Names	and Street Addresses of Each Officer an	der Oirector (Florida nonpr	rofit corporations must list at lea	ast 3 directors)		
Titles	Name of Officers and/or Directors		Street Address of Each Officer and/or Director		City / S	State / Zip
$D \rho$	Scott, Damian	m 383	3851 Westand		Orlando, A3281	
5	Wilson, Patrica	2 189	9 S. Orange	90850 Onlando, FL 3280)		
 			· · · · · · · · · · · · · · · · · · ·			
					MAY 0 1 2017	<u> </u>
				C	CARROTH	ERS

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information adomitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

IGNATURE:

| Grant Patricia Wilson SIGNATURE: 19/00 4/26/17

(To be used for future annual report notification)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10. E-mail Address:

Spa pinonicholsonlaw,

407-6207143 Daytime Phone #