

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

**DEC 22 PM 2:08**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
90089507969  
12/22/22--01020--016 \*\*738.75

**DOCUMENT # L04000057334**

1. Limited Liability Company's Name  
**AGA.LLC**

2. Principal Office Address - No P.O. Box #

**111 Utility Drive**

Suite, Apt. #, etc.

3. Mailing Office Address

**111 Utility Drive**

Suite, Apt. #, etc.

City & State

**Monroeville, IN**

City & State

**Monroeville, IN**

Zip

**46773**

Country

**USA**

Zip

**46773**

Country

**USA**

CR2E041 (1/14)

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**08/03/2004**

6. FEI Number

**20-1655489**

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required  
for a certificate of status**

8. Name and Address of Current Registered Agent

Name

**Lawrence E. Harkenrider**

Street Address (P.O. Box Number is Not Acceptable) Suite,

**515 Whitehead Street**

Apt. #, Etc.

City

**Key West**

State

**FL**

Zip Code

**33040**

**DEC 22 2022**

**D CONNEL**

**2018-2022**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date **10-16-2022**

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
<b>MGR</b>	<b>William A. Kriesel</b>	<b>5806 Chase Creek Ct.</b>	<b>Ft. Wayne, IN 46804</b>
<b>MEM</b>	<b>William G. Kriesel</b>	<b>12030 Sycamore Lakes Ct.</b>	<b>Ft. Wayne, IN 46814</b>
<b>MEM</b>	<b>Eric A. Schaekel</b>	<b>6322 East Cobblestone Cove</b>	<b>Columbia City, IN 46725</b>

11. E-mail Address: **wak@precastspec.com**

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. 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 submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

**10/18/2022**

Daytime Phone #

**260-740-7022**

Typed or printed name of signing authorized representative/member

**William A. Kriesel**