



---

---

## Filing Form Cover Letter

Please return the approval certificate to:

Name *(Individual or Business Name)*:

To the Attention of *(if necessary)*:

Address:

City:

State

ZIP Code:

Phone Number:

E-mail Address:

- Check here if you would like to receive important notices via e-mail from the Ohio Secretary of State's office regarding Business Services.
- Check here if you would like to be signed up for our Filing Notification System for the business entity being created or updated by filing this form. This is a free service provided to notify you via e-mail when any document is filed on your business record.

---

Please make checks or money orders payable to: "Ohio Secretary of State"

Type of Service Being Requested: (PLEASE CHECK **ONE** BOX BELOW)

- Regular Service:** Only the filing fee listed on page one of the form is required and the filing will be processed in approximately 3-7 business days. The processing time may vary based on the volume of filings received by our office.
- Expedite Service 1:** By including an Expedite fee of \$100.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 2 business days after it is received by our office.
- Expedite Service 2:** By including an Expedite fee of \$200.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 1 business day after it is received by our office. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Expedite Service 3:** By including an Expedite fee of \$300.00, **in addition** to the regular filing fee on page one of the form, the filing will be processed within 4 hours after it is received by our office, if received by 1:00 p.m. **This service is only available to walk-in customers who hand deliver the document to the Client Service Center.**
- Preclearance Filing:** A filing form, to be submitted at a later date for processing, may be submitted to be examined for the purpose of advising as to the acceptability of the proposed filing for a fee of \$50.00. The Preclearance will be complete within 1-2 business days.



---

---

## Credit Card Authorization Form

Form Must Be Printed Or Typed

Cardholder Name

### Address

Street

City

State

ZIP Code

### Credit Card Information

Credit Card Type

Card Number

Expiration Month (MM)

Expiration Year (YYYY)

CVV/Security Code

**JON HUSTED**  
Ohio Secretary of State



Toll Free: (877) SOS-FILE (877-767-3453)  
Central Ohio: (614) 466-3910  
www.OhioSecretaryofState.gov  
busserv@OhioSecretaryofState.gov  
File online or for more information: www.OHBusinessCentral.com

**Mail this form to one of the following:**

Regular Filing (non expedite)  
P.O. Box 788  
Columbus, OH 43216  
  
Expedite Filing (Two business day processing time.  
Requires an additional \$100.00)  
P.O. Box 1390  
Columbus, OH 43216

[For screen readers, follow instructions located at this path.](#)

# Reinstatement

**Filing Fee: \$25**

**Form Must Be Typed**

**(CHECK ONLY ONE (1) BOX)**

<p>(1) <input type="checkbox"/> Reinstatement of a Nonprofit Corporation (for failure to file a statement of continued existence) (109-RENN)</p>	<p>(2) <input type="checkbox"/> Reinstatement of a Limited Liability Partnership (for failure to file biennial report(s)) (112-PLR) THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S)</p> <p><b>Cancellation Date</b> The entity was canceled on <input style="width: 150px; height: 20px;" type="text"/></p>
--	--

(3)  Reinstatement of a Professional Corporation  
(for failure to file biennial report(s))  
(110-RENP)

THIS FORM MUST BE ACCOMPANIED BY ALL DELINQUENT BIENNIAL REPORT(S) AND FILING FEE(S))

**Name of Entity**

**Charter/Registration Number**

**By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.**

**Required**

Reinstatement must be signed by an authorized representative. (see instructions for specific information)

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

# Instructions for Reinstatement

## Instructions for Reinstatement

This form should be used to apply for reinstatement of (1) a nonprofit corporation whose articles or registration have been canceled for failure to file a statement of continued existence; (2) a limited liability partnership or professional corporation for failure to file a biennial report.

Please select the appropriate box to indicate the basis for the reinstatement.

### Entity Information

The corporation or limited liability partnership must provide its name and charter/registration number. No other information is required for a nonprofit corporation reinstating for failure to file a statement of continued existence.

A limited liability partnership or professional corporation reinstating for failure to file biennial report(s) must attach all delinquent biennial report(s) and associated filing fee(s) for each delinquent report in addition to the reinstatement filing fee.

Pursuant to Ohio Revised Code §1776.83, a limited liability partnership must provide the date of cancellation. Also, a limited liability partnership may reinstate within two years after the effective date of the cancellation. After two years, the limited liability partnership must re-file a statement of qualification and cannot reinstate the original entity.

### Signature(s)

After completing all information on the filing form, please make sure that the form is signed by an authorized representative. If the applicant is a domestic nonprofit corporation, the reinstatement form must be signed by an officer, director or three members in good standing.

**\*\*Note: Our office cannot file or record a document that contains a social security number or tax identification number. Please do not enter a social security number or tax identification number, in any format, on this form.**