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## 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.

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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.



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## 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](http://www.OhioSecretaryofState.gov)  
[busserv@OhioSecretaryofState.gov](mailto:busserv@OhioSecretaryofState.gov)  
File online or for more information: [www.OHBusinessCentral.com](http://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 & Appointment of Agent

For a Cooperative Association

For Failure to Maintain a Statutory Agent

(108-REN)

**Filing Fee: \$10**

**Form Must Be Typed**

<b>Name of Association</b>	<input style="width: 100%;" type="text"/>
<b>Charter Number</b>	<input style="width: 100%;" type="text"/>

<b>Please complete this section</b>		
New Statutory Agent Name and Address		
<input style="width: 100%;" type="text"/>		
Name of Statutory Agent		
<input style="width: 100%;" type="text"/>		
Mailing Address		
<input style="width: 80%;" type="text"/>	<input style="width: 10%;" type="text"/>	<input style="width: 10%;" type="text"/>
City	State	ZIP Code

Please complete this section

### Acceptance of Appointment

The Undersigned, , named herein as the  
(Name of Statutory Agent)

Statutory agent for   
(Name of Association)

hereby acknowledges and accepts the appointment of statutory agent for said entity.

Statutory Agent Signature   
(Individual Agent's Signature / Signature on Behalf of Business Serving as Agent)

**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.

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 & Appointment of Agent

This form should be used to file an application of reinstatement for a cooperative association whose articles have been canceled for failure to maintain a statutory agent.

### Entity Information

The association must provide the name and charter or license number.

**Cooperative Association:** An Ohio Cooperative Association must appoint and maintain a statutory agent to accept service of process on behalf of the corporation. The statutory agent must be one of the following: (1) an Ohio resident; (2) an Ohio corporation; or (3) a foreign corporation that is licensed to do business in Ohio that has a business address in Ohio and is authorized by its articles of incorporation to act as a statutory agent.

If the statutory agent is an individual using a P.O. Box address, the agent must check the box to confirm that he or she is an Ohio resident. The statutory agent must also sign the Acceptance of Appointment.

### Additional Provisions

If the information you wish to provide for the record does not fit on the form, please attach additional provisions on a single-sided, 8 1/2 x 11 sheet(s) of paper.

### Signature(s)

After completing all information on the filing form, please make sure that the form is signed. If the applicant is a corporation, the reinstatement form must be signed by a corporate officer.

If the applicant is a nonprofit corporation, the reinstatement form must be signed by an officer 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.**