Frank LaRose
Ohio Secretary of State

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File online or for more information: OhioBusinessCentral.gov

Return Documents To:

Name *(Individual or Business Name):*

Email Address *(Required):*

To the Attention of *(If Necessary):*

Address:

City:

State

ZIP Code:

Phone Number:

SERVICE TYPE - Check only **ONE** item below.

Expedited Fees are IN ADDITION to the filing fee on the form.
Failure to include the expedite fee or indicate a selection will result in regular service.

☐ **Regular Service**
- No Expedite Fee.
- Processing Time: 3-7 business days.

☐ **Expedite Service 1**
- Fee: $100
- Processing Time: 2 business days after receipt.

☐ **Expedite Service 2**
- Fee: $200
- Processing Time: 1 business day after receipt.

☐ **Expedite Service 3 (in-person delivery is required)**
- Fee: $300
- Processing Time: 4 hours if received by 1:00 p.m. If received after 1:00 p.m., documents will be processed by noon the following business day.

☐ **Preclearance Filing**
- Fee: $50
- Processing Time: 1-2 business days after receipt.

Form 602 Prescribed by:

Frank LaRose
Ohio Secretary of State

For screen readers, follow instructions located at this path.

INSTRUCTIONS

- Include the filing fee.
- Make check or money order payable to Ohio Secretary of State.
- Print on single-sided 8 ½ x 11 paper.
- Double sided paper will be rejected.
- Information must be typed.
- Illegible forms will be rejected

MAIL TO

Regular Service:
P.O. Box 788
Columbus, OH 43216

OR

Expedite Service:
P.O. Box 1390
Columbus, OH 43216

Reinstatement & Appointment of Agent

For a Cooperative Association
For Failure to Maintain a Statutory Agent
(108-REN)

Filing Fee: $10
Form Must Be Typed

Name of Association

Charter Number

Please complete this section

New Statutory Agent Name and Address

Name of Statutory Agent

Agent Address (Post office boxes and CMRAs are **NOT** allowed. See instructions for details.)

City

OH
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.

Appointment of Agent
Ohio business entities and foreign business entities that are registered or licensed in Ohio must appoint and maintain a statutory agent to accept service of process. The statutory agent must be one of the following: (1) A natural person residing in Ohio; or (2) a domestic or foreign business entity with an Ohio address.

Statutory Agent Address Requirements
A statutory agent address may either be the primary residence address of the agent or the usual place of business address. The statutory agent address must be an Ohio address.

Statutory Agent Address Prohibitions
Post Office (P.O.) boxes are **NOT** allowed.

Exception: If a Post Office Box and Rural Route Number are both provided, the address is allowed.

Commercial Mail Receiving Agency (CMRA) addresses are **NOT** allowed. A CMRA is a private business that rents private mailboxes to customers.

Acceptance of Appointment
The statutory agent must 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.**