



Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Courier: 200-940 Blanshard Street Victoria BC V8W 3E6

INSTRUCTIONS:

Please type or print clearly in block letters and ensure that the form is signed and dated in ink.

Item A Enter the incorporation number and name of the company & B at the time the company was dissolved. The incorporation number and name would be shown on the company's Certificate of Incorporation, Amalgamation, Continuation or Change of Name.

Item C Enter the name reserved for the company. This may be the same as the company name at the time it was dissolved, or, if that name is not available, a new reserved name. Or, indicate the company is to be restored by adding "B.C. Ltd." or "B.C. Community Contribution Company Ltd." to its incorporation number.

Item D If the applicant is a corporation or firm, enter the full name of the corporation or firm.

Item H Complete this item if the restoration has not been approved by the court. Enter the date the Notice of Application for Restoration was published in the BC Gazette and the latest date the Notice of the Application for Restoration was mailed to the company and the individuals who were directors at the time of the dissolution.

Freedom of Information and Protection of Privacy Act (FOIPPA): Personal information provided on this form is collected, used and disclosed under the authority of the FOIPPA and the Societies Act for the purposes of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Manager of Registries Operations at 1 877 526-1526. PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

Item I Complete this Item if the restoration has been approved by the court and attach entered court order.

Item J, K & L The delivery address must be for a location in BC that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The address must not be a post office box.

Item M If the applicant is a corporation or firm, this form must be signed by an authorized signing authority for the corporation or firm.

Filing Fee: \$350.00 Submit this form with a cheque or money order made payable to the Minister of Finance, or provide the registry with authorization to debit the fee from your BC OnLine Deposit Account. Please pay in Canadian dollars or in the equivalent amount of US funds.

★ PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY AT THE TIME OF DISSOLUTION

C NAME RESERVED FOR THE COMPANY TO BE RESTORED - Choose one of the following:

The name _____ is the name reserved for the company to be restored. The name reservation number is _____, OR The company is to be restored with a name created by adding "B.C. Ltd." after the incorporation number of the company, OR The company is to be restored with a name created by adding "B.C. Community Contribution Company Ltd." after the incorporation number of the company.

D FULL NAME OF APPLICANT

FIRST NAME MIDDLE NAME LAST NAME CORPORATION / BUSINESS NAME

E MAILING ADDRESS OF APPLICANT

MAILING ADDRESS CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE

F RELATIONSHIP TO THE COMPANY - Check applicable box:

I am related to the company that is to be restored and at the time the company was dissolved I was:

A director of the company.

OR

I am an heir or personal or other legal representative of a person who was, at the time the company was dissolved, a shareholder of the company.

OR

The court has, under section 360(2)(a) or 361(2)(a), ordered that I am a related person to the company.

An officer of the company.

A shareholder of the company.

G TRANSLATION OF NAME

Set out every translation of the company name that the company intends to use outside of Canada.

COMPLETE ITEM H OR I, BUT NOT BOTH

H DATE OF RESTORATION - Complete this Item if restoration is to be approved by the registrar.

The company will not be restored until 21 days after the later of the following two dates (both dates must be entered):

The date the Notice of the Application for Restoration was published in the BC Gazette.

YYYY/MM/DD

The latest date the Notice of the Application for Restoration was mailed to the company and directors addresses.

YYYY/MM/DD

I DATE OF RESTORATION - Complete this Item if restoration is approved by court order.

Choose one of the following:

I have obtained a copy of an entered court order approving the full restoration and it is attached.

I have obtained a copy of an entered court order approving the conversion of a limited restoration to a full restoration and it is attached.

J REGISTERED OFFICE ADDRESSES

Set out the delivery address and mailing address of the registered office proposed for the company.

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

CITY

POSTAL CODE

Prov.
BC

MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE

CITY

POSTAL CODE

Prov.
BC

COMPLETE SECTION K OR L, BUT NOT BOTH

K RECORDS OFFICE ADDRESSES - Complete this Item if "dissolved company's records" are available.

Set out the delivery address and mailing address of the office where the "dissolved company's records" are being kept.

DELIVERY ADDRESS OF THE LOCATION OF THE "DISSOLVED COMPANY'S RECORDS"

CITY

POSTAL CODE

Prov.
BC

MAILING ADDRESS OF THE LOCATION OF THE "DISSOLVED COMPANY'S RECORDS"

CITY

POSTAL CODE

Prov.
BC

L RECORDS OFFICE ADDRESSES - Complete this Item if "dissolved company's records" are not available.

The "dissolved company's records" are not available and the delivery address and mailing address of the records office proposed for the restored company are:

DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE

CITY

POSTAL CODE

Prov.
BC

MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE

CITY

POSTAL CODE

Prov.
BC

M CERTIFIED CORRECT - I have read this form and found it to be correct.

Note: It is an offence to make a false or misleading statement in respect of a material fact in a record submitted to the Corporate Registry for filing. See section 427 of the Business Corporations Act.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE SIGNED
YYYY / MM / DD

X

N DELIVERY METHOD - Choose one delivery method for the company's certified documents.

Company Email Other Email
Address

Pickup (Victoria only) Contact Person Telephone

By Mail to Registered Office Mailing Address

By Mail to another address. Please specify.

MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE
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