



Telephone: 1 877 526-1526 www.bcregistrieservices.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 at the time the company was dissolved.
Item B company at the time the company was dissolved.
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.
Item D If the applicant is a corporation or firm, enter the full name of the corporation or firm.
Item G Complete Item G and H if the restoration has not been approved by the court.

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 H Enter the date the restoration is to expire. If no date is entered, the company will be dissolved two years (24 months) after the date it is restored.
Item I Complete Item I if the restoration has been approved by the court and attach entered court order.
Item J 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.

A INCORPORATION NUMBER OF COMPANY TO BE RESTORED

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 TRANSLATION OF COMPANY NAME

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

COMPLETE ITEMS G AND H FOR A RESTORATION TO BE APPROVED BY THE REGISTRAR OR ITEM I FOR A RESTORATION APPROVED BY COURT ORDER.

G DATE OF RESTORATION - Complete this Item and Item H 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

H EXPIRY DATE OF THE LIMITED PERIOD OF RESTORATION – Complete this Item and Item G if restoration is to be approved by the registrar.

The expiration of the limited period of restoration will be two years from the date the company is restored unless otherwise specified below:

Less than 6 months, number of months:

12 months from the date the company is restored

6 months from the date the company is restored.

18 months from the date the company is restored

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

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

Length of time of the limited restoration as specified in the court order is

number of months

J 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

K 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