



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

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

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

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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If you are applying to convert a limited restoration to a full restoration, please phone 1 877 526-1526 for instructions.

INSTRUCTIONS:

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

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

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

Item G Complete this Item if the restoration has not been approved by the court.

Item H Complete this Item if the restoration has been approved by the court.

Item I, J and K 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 L 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

B NAME OF COMPANY

C FULL NAME OF APPLICANT

LAST NAME FIRST NAME MIDDLE NAME

CORPORATION OR FIRM NAME

D MAILING ADDRESS OF APPLICANT

PROVINCE COUNTRY POSTAL CODE

E 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.

[ ] An officer of the company.

[ ] A shareholder of the company.

OR

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

**F TRANSLATION OF NAME**

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

**COMPLETE ITEM G OR H, BUT NOT BOTH****G 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 date the Notice of the Application for Restoration was mailed to the company.

YYYY / MM / DD

**H 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.

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

**I REGISTERED OFFICE ADDRESS**

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

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

PROVINCE

POSTAL CODE

**BC**

MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE

PROVINCE

POSTAL CODE

**BC**

**COMPLETE SECTION J OR K, BUT NOT BOTH****J 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"

PROVINCE

POSTAL CODE

**BC**

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

PROVINCE

POSTAL CODE

**BC**

**K 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

PROVINCE

POSTAL CODE

**BC**

MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE

PROVINCE

POSTAL CODE

**BC**

**L CERTIFIED CORRECT** – I have read this form and found it to be correct.

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE SIGNED

YYYY / MM / DD

**X**