



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

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

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

Filing Fee: \$100.00

Please complete and mail this form to BC Registries and Online Services for filing with payment by 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.

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

Note: With your Full Reinstatement Application, you are required to submit all outstanding Annual Reports (FORM 22 XNC)

INSTRUCTIONS: Please review our webpage www.gov.bc.ca/Societies for information on completing a Full Reinstatement Application of the registration of an Extrajurisdictional Non-Share Corporation.

Item B - Name Reservation

The first step in reinstatement is to ensure a name for the Extrajurisdictional Non-Share Corporation is available. Go to www.gov.bc.ca/SocietiesOnline. Once your name has been approved, enter the name reserved for the Extrajurisdictional Non-Share Corporation. This name will be the Extrajurisdictional Non-Share Corporation's name in its home jurisdiction OR, if that name is not available for use in B.C., the assumed name reserved for the Extrajurisdictional Non-Share Corporation. A name reservation is not required if the Extrajurisdictional Non-Share Corporation is a federal corporation.

A NAME OF EXTRAJURISDICTIONAL NON-SHARE CORPORATION AT TIME OF CANCELLATION REGISTRATION NUMBER IN BC

B NAME RESERVED FOR THE EXTRAJURISDICTIONAL NON-SHARE CORPORATION NAME RESERVATION NUMBER

C APPLICANT NAME AND MAILING ADDRESS:

Please enter the applicant name, email address and mailing address. Only 1 applicant is required. Applicant - the Extrajurisdictional Non-Share Corporation or an individual who is a member of the board of directors or other governing body of the Extrajurisdictional Non-Share Corporation.

EXTRA PROVINCIAL NON-SHARE CORPORATION OR INDIVIDUAL NAME REGISTRATION NUMBER

FIRST NAME MIDDLE NAME LAST NAME

EMAIL

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

D APPLICANT RELATIONSHIP TO SOCIETY - Check Applicable Box:

- I am The Extrajurisdictional Non-Share Corporation. A member of the board of directors or other governing body of the Extrajurisdictional Non-Share Corporation.

E DELIVERY METHOD - Choose one delivery method for the applicant to receive a copy of the Certificate of Reinstatement.

Applicant Email

By Mail to Applicant Mailing Address

Pickup (Victoria only) Contact Person

Telephone

F HEAD OFFICE ADDRESSES

DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.)

CITY

Prov.

BC

POSTAL CODE

MAILING ADDRESS- (If different from delivery address.)

CITY

Prov.

BC

POSTAL CODE

PRIMARY EMAIL ADDRESS

ALTERNATE EMAIL ADDRESS

G ATTORNEY(S) - If any (an Extraprovincial Non-Share Corporation whose head office is outside of BC must have an attorney.) Please enter the full name, mailing and delivery address of each attorney.

ATTORNEY NAME - can be a company or a society incorporated in BC, or an individual resident in BC.

INCORPORATION NUMBER

FIRST NAME

MIDDLE NAME

LAST NAME

DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.)

CITY

Prov.

BC

POSTAL CODE

MAILING ADDRESS- (If different from delivery address.)

CITY

Prov.

BC

POSTAL CODE

PRIMARY EMAIL ADDRESS

ALTERNATE EMAIL ADDRESS

H CERTIFICATION - I certify that I have relevant knowledge of the society, and that I am authorized to make this filing.

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 223 of the Societies Act.

NAME

SIGNATURE

DATE SIGNED (YYYY MM DD)

X

I DELIVERY METHOD - Choose one delivery method for receipt of the Extraprovincial Non-Share Corporation's certified documents.

Extraprovincial Non-Share Corporation Email

Other Email Address

Pickup (Victoria only) Contact Person

Telephone

By Mail to Head Office Mailing Address

By Mail to another address. Please specify.

MAILING ADDRESS

CITY

PROV/STATE

COUNTRY

POSTAL CODE/ZIP CODE