

MAILING ADDRESS OF APPLICANT

MAILING ADDRESS

FULL RESTORATION APPLICATION

BUSINESS CORPORATIONS ACT, sections 356 and 360

Telephone: 1877526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 - 940 Blanshard Street Email: bcregistries@gov.bc.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6 **INSTRUCTIONS:** Freedom of Information and Protection of Privacy Act (FOIPPA): Item A Enter the incorporation number and name of the company Personal information provided on this form is collected, used and dis-& B at the time the company was dissolved. The incorporation closed under the authority of the FOIPPA and the Business Corporations number and name would be shown on the company's Certificate of Act for the purposes of assessment. Questions regarding the collec-Incorporation, Amalgamation, Continuation or Change of Name. tion, use and disclosure of personal information can be directed to the Item C Enter the name reserved for the company. This may be the same as Manager of Registries Operations at 1 877 526-1526, PO Box 9431 Stn the company name at the time it was dissolved, or, if that name is not Prov Govt, Victoria BC V8W 9V3 available, a new reserved name. Or, indicate the company is to Filing the restoration application on a priority basis will not waive the 21 be restored by adding "B.C. Ltd." or "B.C. Community Contribution Company Ltd." to its incorporation number. day waiting period if it applies. The waiting period is described in Section H. Item D If the applicant is a corporation or firm, enter the full name of Filing Fee: \$350.00 the corporation or firm. Submit this form with a cheque or money order made payable to the Min-Item H Complete this item if the restoration has not been approved by the ister of Finance, or provide the registry with authorization to debit the fee court. Enter the date the Notice of Application for Restoration from your BC OnLine Deposit Account. Please pay in Canadian dollars or in was published in the BC Gazette and the latest date the Notice the equivalent amount of U.S. funds. of the Application for Restoration was mailed to the company and the individuals who were directors at the time of the dissolution. OFFICE USE ONLY - DO NOT WRITE IN THIS AREA Item I Complete this Item if the restoration has been approved by the court and attach entered court order. Item J, The delivery address must be for a location in BC that is acces-K & L sible 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. If the applicant is a corporation or firm, this form must Item M be signed by an authorized signing authority for the corporation or firm. **▼ PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE** A INCORPORATION NUMBER OF COMPANY B NAME OF COMPANY AT THE TIME OF DISSOLUTION 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

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PROV/STATE

COUNTRY

POSTAL CODE/ZIP CODE

CITY

RELATIONSHIP TO THE COMPANY - Chec I am related to the company that is to be rest	ck applicable box: cored and at the time the company was dissolved I was:	
A director of the company.	representative of a person who was, 36	ne court has, under section 360(2)(a) or 51(2)(a), ordered that I am a related person to the ompany.
An officer of the company.	a shareholder of the company.	inpuny.
A shareholder of the company.		
G TRANSLATION OF NAME Set out every translation of the company name	ne that the company intends to use outside of Canada.	
COMPLETE ITEM H OR I, BUT NOT BOTH		
DATE OF RESTORATION - Complete this	item if restoration is to be approved by the registrar	r.
company was made historical for another rea	e last year due to failing to file annual reports, the compan ason or it has been historical for over 1 year then the compa ase, the following two dates must be entered.	
The date the Notice of the Application for Re	storation 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 a	ddresses.
YYYY/MM/DD		
DATE OF RESTORATION - Complete this	Item if restoration is approved by court order.	
·	.,	
I have obtained a copy of an entered c	court order approving the full restoration and it is attached.	
I have obtained a copy of an entered c	court order approving the conversion of a limited restoratio	n to a full restoration and it is attached.
REGISTERED OFFICE ADDRESSES		
Set out the delivery address and mailing add DELIVERY ADDRESS OF THE COMPANY'S REGI	ress of the registered office proposed for the company. ISTERED OFFICE	CITY PROV. POSTAL CODE
MAILING ADDRESS OF THE COMPANY'S REGIS	STERED OFFICE	CITY PROV. POSTAL CODE BC
COMPLETE SECTION K OR L, BUT NOT BOTH		
RECORDS OFFICE ADDRESSES - Comple	te this Item if "dissolved company's records" are avai	ilable.
Set out the delivery address and mailing add	ress of the office where the "dissolved company's records" a	are being kept.
DELIVERY ADDRESS OF THE LOCATION OF TH	E "DISSOLVED COMPANY'S RECORDS"	CITY PROV. POSTAL CODE
		BC
MAILING ADDRESS OF THE LOCATION OF THE	E"DISSOLVED COMPANY'S RECORDS"	CITY PROV. POSTAL CODE
_		BC
	te this Item if "dissolved company's records" are not ailable and the delivery address and mailing address of the	
are:		
DELIVERY ADDRESS OF THE COMPANY'S RECO	ORDS OFFICE	CITY PROV. POSTAL CODE
MAILING ADDRESS OF THE COMPANY'S RECO	NEUS OFFICE	CITY PROV. POSTAL CODE
MAILING ADDRESS OF THE COMPANY STREEC	MD3 OFFICE	BC BC
	nce to make a false or misleading statement in respe	ect of a material fact in a record submitted to
the Corporate Reg	gistry for filing. See section 427 of the Business Corpo SIGNATURE OF APPLICANT	orations Act. DATE SIGNED (YYYY / MM / DD)
	X	

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