

Extraprovincial Non-Share Corporation

FULL REINSTATEMENT APPLICATION

SOCIETIES ACT, section 186

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Www.gov.bc.ca/societies PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3 Courier Address: 200 – 940 Blanshard Street Victoria BC V8W 9V3 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 U.S. 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 Appliction of the registration of an Extraprovincial Non-Share Corporation.

Item B The first step in reinstatement is to ensure a name for the Extraprovincial Non-Share Corporation is available. Visit our website, www.gov.bc.ca/SocietiesOnline, to request a name. Once your name has been approved, enter the name reserved for the Extraprovincial Non-Share Corporation. This name will be the Extraprovincial 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 Extraprovincial Non-Share Corporation. A name reservation is not required if the Extraprovincial Non-Share Corporation is a federal corporation.

NAME OF EXTRAPROVINCIAL NON-SHAR	ME OF EXTRAPROVINCIAL NON-SHARE CORPORATION AT TIME OF CANCELLATION								
NAME RESERVED FOR THE EXTRAPROVIN	NAME RESERVATION NUMBER								
APPLICANT NAME AND MAILING ADDRESS:									
Applicant - the Extraprovincial Non-Share Corporation or an individual who is a member of the board of directors or other governing body of the Extraprovincial Non-Share									
EXTRA PROVINCIAL NON-SHARE CORPORATION	OR INDIVIDUAL NAME	REGISTRAT	TION NUMBER	NUMBER					
FIRST NAME	MIDDLE NAME	LAST NAM	LAST NAME						
EMAIL									
MAILING ADDRESS	ING ADDRESS CITY		COUNTRY	POSTAL CODE/ZIP CODE					
	Check Applicable Box:								
I am The Extraprovincial Non-Share Corporati	on.								
	NAME RESERVED FOR THE EXTRAPROVING APPLICANT NAME AND MAILING ADDRESS Please enter the applicant name, email address a Applicant - the Extraprovincial Non-Share Corporation. EXTRA PROVINCIAL NON-SHARE CORPORATION OF THE PROVINCIAL NON-SHARE COR	NAME RESERVED FOR THE EXTRAPROVINCIAL NON-SHARE CORPORATION APPLICANT NAME AND MAILING ADDRESS: Please enter the applicant name, email address and mailing address. Only 1 applicant is Applicant - the Extraprovincial Non-Share Corporation or an individual who is a memb Corporation. EXTRA PROVINCIAL NON-SHARE CORPORATION OR INDIVIDUAL NAME FIRST NAME MIDDLE NAME EMAIL MAILING ADDRESS CITY APPLICANT RELATIONSHIP TO SOCIETY - Check Applicable Box: I am	NAME RESERVED FOR THE EXTRAPROVINCIAL NON-SHARE CORPORATION APPLICANT NAME AND MAILING ADDRESS: Please enter the applicant name, email address and mailing address. Only 1 applicant is required. Applicant - the Extraprovincial Non-Share Corporation or an individual who is a member of the board of director Corporation. EXTRA PROVINCIAL NON-SHARE CORPORATION OR INDIVIDUAL NAME REGISTRAT FIRST NAME MIDDLE NAME LAST NAM EMAIL MAILING ADDRESS CITY PROV/STATE APPLICANT RELATIONSHIP TO SOCIETY - Check Applicable Box: I am	NAME RESERVED FOR THE EXTRAPROVINCIAL NON-SHARE CORPORATION NAME RESER' APPLICANT NAME AND MAILING ADDRESS: Please enter the applicant name, email address and mailing address. Only 1 applicant is required. Applicant - the Extraprovincial Non-Share Corporation or an individual who is a member of the board of directors or other governing b Corporation. EXTRA PROVINCIAL NON-SHARE CORPORATION OR INDIVIDUAL NAME REGISTRATION NUMBER FIRST NAME MIDDLE NAME LAST NAME EMAIL MAILING ADDRESS CITY PROV/STATE COUNTRY APPLICANT RELATIONSHIP TO SOCIETY - Check Applicable Box: I am					

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Ε	HEAD OFFICE ADDRESSES									
	DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.) MAILING ADDRESS- (If different from delivery address.)				CITY	Prov.	POSTAL CODE			
					CITY	Prov.	POSTAL CODE			
	PRIMARY EMAIL ADDRESS ALTERNATE EMAIL ADDRE				SS					
F	TORNEY(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 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. Po	CITY	Prov.	POSTAL CODE						
MAILING ADDRESS- (If different from delivery address.)					CITY	Prov. BC	POSTAL CODE			
G	CERTIFICATION - I certify that I have relevant knowledge	e of the society, and th	nat I am auth	orized to make t	his 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 X					DATE SIGNED (YYYY MM DD)				

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