

## LIMITED REINSTATEMENT APPLICATION

BUSINESS CORPORATIONS ACT, section 364.3

Telephone: 1877 526-1526 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:**

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

- **Item A** The registration number is the number assigned to the foreign entity when it is registered as an extraprovincial company in BC.
- **Item B** Enter the name of the extraprovincial company exactly as it was shown on the Certificate of Registration at the time its registration was cancelled.
- Item C Enter the name reserved for the foreign entity. This name would be the foreign entity's name in its home jurisdiction OR, if that name is not available, the assumed name reserved for the foreign entity. A name reservation is not required if the foreign entity is a federal corporation.
- **Item D** Enter the identifying number in the foreign entity's current jurisdiction.
- Item E If the applicant is a corporation or firm, enter the full name of the corporation or firm.
- Item F If the applicant is a corporation or firm, enter the full mailing address of the corporation or firm.
- Item H Enter the date the reinstatement is to expire. If no date is entered, the company's registration will be cancelled two years (24 months) after the date it is reinstated.
- **Item I** Enter the delivery address and mailing address of the head office of the foreign entity, whether or not the head office is in B.C. The delivery address must be for a location that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The delivery address must not
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## 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 Business Corporations 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 K Enter the mailing and delivery address for the attorney. This delivery address must be for a location in B.C. that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The delivery 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 U.S. funds.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

be a post office box.	
m J: Optional if the foreign entity's head office is in B.C. An attorney	
may be an individual or a B.C. company. If the attorney is a BC	
company, enter the full name of the B.C. company.	
REGISTRATION NUMBER IN BC	
NAME OF EXTRAPROVINCIAL COMPANY AT THE TIME THE REGISTRATION WA	SCANCELLED
NAME RESERVED FOR THE FOREIGN ENTITY	
Complete section 1, 2 <b>OR</b> 3	
1. The name	being the
	being the
1. The name	being the
1. The name  foreign entity's own name has been reserved. The name reservation number is	being the
1. The name  foreign entity's own name has been reserved. The name reservation number is  2. The foreign entity's own name  is not available and, therefore, the assumed name	being the
1. The name  foreign entity's own name has been reserved. The name reservation number is  2. The foreign entity's own name	being the
1. The name  foreign entity's own name has been reserved. The name reservation number is  2. The foreign entity's own name  is not available and, therefore, the assumed name	

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D	CORPORATE NUMBER IN FOREIGN ENTI  Corporate number assigned to the foreign		sdiction					
FIRST NAME OF APPLICANT FIRST NAME		MIDDLE NAME		LAST NAME				
	CORPORATION / BUSINESS NAME							
F	MAILING ADDRESS OF APPLICANT MAILING ADDRESS		CITY		PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
G	DATE OF REINSTATEMENT							
	If the extraprovincial company was made historical within the last year due to failing to file annual reports, the company will be reinstated immediately. However, if the company was made historical for another reason or it has been historical for over 1 year then the registration of the foreign entity as an extraprovincial company will not be reinstated until 21 days after the later of the following two dates. In either case, the following two dates must be entered.							
	The date the Notice of the Application for Reinstatement was published in the BC Gazette.  YYYY/MM/DD							
	The date the Notice of the Application for Rein YYYY/MM/DD	statement was mailed to	the extraprov	incial compan	y.			
Н	XPIRY DATE OF THE LIMITED PERIOD OF REINSTATEMENT							
	The expiration of the limited period of reinstatement will be two yea  Less than 6 months, number of months:		12 months from the date the extraprovincial company is reinstated unless otherwise specified					
	6 months from the date the registration is reinstated			18 months from the date the registration is reinstated				
	HEAD OFFICE ADDRESSES DELIVERY ADDRESS OF HEAD OFFICE		CITY		PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
	MAILING ADDRESS OF HEAD OFFICE		CITY		PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE	
<u> </u>	NAME OF ATTORNEY(S) IF ANY - ATTACH	H ADDITIONAL SHEET MIDDLE NAME	IF REQUIRE	:D	LAST NAME			
	CORPORATION / BUSINESS NAME							
K	ATTORNEY(S) ADDRESSES DELIVERY ADDRESS OF ATTORNEY					СІТҮ	Prov. POSTAL CODE  BC	
	MAILING ADDRESS OF ATTORNEY					CITY	Prov. POSTAL CODE	
L	CERTIFIED CORRECT - I have read this form and found it to be correct.							
	Note: It is an offence to make a false or misleading stat See section 427 of the Business Corporations Act. NAME	tement in respect of a materia		I submitted to th	e Corporate Registry f	or filing.	DATE SIGNED (YYYY / MM / DD)	
			X					

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