

RESTORATION APPLICATION LIMITED RESTORATION

FORM 28S BC SCHOOL DISTRICT BUSINESS COMPANY

Section 356 and 361 Business Corporations Act

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Location: 200 – 940 Blanshard Street Www.bcregistryservices.gov.bc.ca Victoria BC V8W 9V3 Victoria BC V8W 3E6

INSTRUCTIONS:

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

- Item A Enter the incorporation number and name of the company at the and B 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 F** Complete Item F and G if the restoration has **not** been approved by the court.
- **Item G** Enter the date the restoration is to expire. If no date is entered, the company will be dissolved two years (24 months) after the date it is restored.
- **Item H** Complete Item H if the restoration has been approved by the court.

A INCORPORATION NUMBER OF COMPANY TO BE RESTORED

Item I 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. 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 purpose of assessment. Questions regarding the collection, use and disclosure of personal information can be directed to the Executive Coordinator of the BC Registry Services at 1 877 526-1526, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

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 TRANSLATION OF COMPANY NAME

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

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COMPLETE ITEMS F AND G FOR A RESTORATION TO BE APPROVED BY THE REGISTRAR OR ITEM H FOR A RESTORATION APPROVED BY COURT ORDER.

F DATE OF RESTORATION - Complete this Item a	and Item G if restoration is to be approved by the	registrar.			
The company will not be restored until 21 days	s after the later of the following two dates (both d	ates must be entered):			
The date the Notice of the Application for Resto	ration was published in the BC Gazette.				
The date the Notice of the Application for Resto	ration was mailed to the company.				
G EXPIRY DATE OF THE LIMITED PERIOD OF RESTORATION —Complete this Item and Item F if restoration is to be approved by the registrar.					
The expiration of the limited period of restorat otherwise specified below:	ion will be two years from the date the company	is restored unless			
Less than 6 months(number of months	s)				
6 months from the date the company is restored					
12 months from the date the company is restored					
18 months from the date the company is	restored				
H DATE OF RESTORATION - Complete this Item if restoration is approved by court order.					
I have obtained a copy of an entered court order approving the restoration.					
Length of time of the limited restoration as spe	ecified in the court order is				
CERTIFIED CORRECT - I have read this form a	and found it to be correct.				
NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE SIGNED YYYY / MM / DD			
	×				

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