



FULL RESTORATION BY COURT ORDER

BUSINESS CORPORATIONS ACT, section 360

Telephone: 1 877 526-1526 Mailing Address: PO Box 9431 Stn Prov Govt Courier Address: 200 – 940 Blanshard Street 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 & B at the time the company was dissolved. The incorporation number and name would be shown on the company's Certificate of Incorporation, Amalgamation, Continuation or Change of Name.
- Item C Enter the name reserved for the company. This may be the same as the company name at the time it was dissolved, or, if that name is not available, a new reserved name. Or, indicate the company is to be restored by adding "B.C. Ltd." or "B.C. Community Contribution Company Ltd." to its incorporation number.
- **Item D** If the applicant is a corporation or firm, enter the full name of the corporation or firm.
- Item H Complete Item H.

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 I, The delivery address must be for a location in BC that J & K is accessible 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.
- **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.

*	PLEASE ENTER THE COMPANY EMAIL A	DDRESS FOR CORRES	PONDENCE						
Α	INCORPORATION NUMBER OF COMPAN	ıy							
В	NAME OF COMPANY AT THE TIME OF D	ISSOLUTION							
С	NAME RESERVED FOR THE COMPANY T	O BE RESTORED – Cho	ose one of the foll	owing:					
	The name					is the name			
	reserved for the company to be restored. The name reservation number is								
	The name of the company at the time of dissolution was "								
	Note: Unless the name of the company at the time of dissolution had "B.C. Unlimited Liability Company" after the incorporation number of the company, the company must restore a the company name at the time it was dissolved, or, if that name is not available, a new reserved name. Once the company has been restored, the company may then change its name by adding "B.C. Unlimited Liability Company" after the incorporation number of the company and filing a Form 11, Notice of Alteration.								
D	FULL NAME OF APPLICANT FIRST NAME	MIDDLE NAME		LAST NAME					
	CORPORATION / BUSINESS NAME			I					
Ε	MAILING ADDRESS OF APPLICANT MAILING ADDRESS		CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE			

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A director of the company. OR An officer of the company.	I am an heir or personal or other legal representative of a person who was, at the time the company was dissolved, a shareholder of the company.	ΛD	t has, under section 360(2)(a) or , ordered that I am a related person mpany.					
A shareholder of the company.								
G TRANSLATION OF NAME Set out every translation of the company name that to	he company intends to use outside of Canada	a.						
H DATE OF RESTORATION - Complete this Item if re Choose one of the following:	estoration is approved by court order.							
I have obtained a copy of an entered court or	der approving the full restoration and it is atta	ached.						
I have obtained a copy of an entered court or	I have obtained a copy of an entered court order approving the conversion of a limited restoration to a full restoration and it is attached.							
■ REGISTERED OFFICE ADDRESSES								
Set out the delivery address and mailing address of t DELIVERY ADDRESS OF THE COMPANY'S REGISTERED		y. CIT	Prov.					
MAILING ADDRESS OF THE COMPANY'S REGISTERED	OFFICE	CIT						
COMPLETE SECTION J OR K, BUT NOT BOTH								
RECORDS OFFICE ADDRESSES - Complete this I	tem if "dissolved company's records" are av	ailable.						
Set out the delivery address and mailing address of t		• •						
DELIVERY ADDRESS OF THE LOCATION OF THE "DISSO	DLVED COMPANY'S RECORDS"	CIT	POSTAL CODE Prov. BC POSTAL CODE					
MAILING ADDRESS OF THE LOCATION OF THE "DISSO	LVED COMPANY'S RECORDS"	CIT	Prov.					
K RECORDS OFFICE ADDRESSES - Complete this I	tem if "dissolved company's records" are no	ot available.						
The "dissolved company's records" are not available a DELIVERY ADDRESS OF THE COMPANY'S RECORDS OF	TY POSTAL CODE							
			I					
MAILING ADDRESS OF THE COMPANY'S RECORDS OF	FICE	CIT	Prov.					
CERTIFIED CORRECT - I have read this form and	found it to be correct.	1						
	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.							
NAME OF APPLICANT	SIGNATURE X	OF APPLICANT	DATE SIGNED (YYYY / MM / DD)					

RELATIONSHIP TO THE COMPANY - *Check applicable box:*I am related to the company that is to be restored and at the time the company was dissolved I was:

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