



Telephone: 1 877 526-1526 www.bcregistryservices.gov.bc.ca

Mailing Address: PO Box 9431 Stn Prov Govt Victoria BC V8W 9V3

Courier: 200-940 Blanshard Street 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 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 will be dissolved two years (24 months) after the date it is reinstated.
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.

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

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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A REGISTRATION NUMBER IN BC

B NAME OF EXTRAPROVINCIAL COMPANY AT THE TIME THE REGISTRATION WAS CANCELLED

C NAME RESERVED FOR THE FOREIGN ENTITY

Complete section 1, 2 OR 3

1. The name _____ being the 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 _____ has been reserved. The name reservation number for the assumed name is _____

3. No name has been reserved because the foreign entity is a federal corporation with the name _____

D CORPORATE NUMBER IN FOREIGN ENTITY'S JURISDICTION

Corporate number assigned to the foreign entity by its current jurisdiction _____

E FULL 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

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 (both 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 Reinstatement was mailed to the extraprovincial company.

YYYY/MM/DD

H EXPIRY DATE OF THE LIMITED PERIOD OF REINSTATEMENT

The expiration of the limited period of restoration will be two years from the date the company is restored unless otherwise specified below:

Less than 6 months, number of months:

12 months from the date the registration is reinstated

6 months from the date the registration is reinstated

18 months from the date the registration is reinstated

I CERTIFIED CORRECT - I have read this form and found it to be correct.

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 427 of the Business Corporations Act.

NAME

SIGNATURE

DATE SIGNED
YYYY / MM / DD

X

J DELIVERY METHOD - Choose one delivery method for the company's certified documents.

Company Email | Other Email Address

Pickup (Victoria only) | Contact Person

Telephone

By Mail to the Company's Head Office Mailing Address

By Mail to another address. Please specify.

MAILING ADDRESS | CITY | PROV/STATE | COUNTRY | POSTAL CODE/ZIP CODE