



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

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

Courier Address: 200 - 940 Blanshard Street Victoria BC V8W 3E6

INSTRUCTIONS:

Please review our webpage www.gov.bc.ca/societies for information on completing an application for extension of a limited restoration. An extension can only be completed if the request is received by the BC Registry several business days in advance of the current limited restoration expiry date.

Item D Gazette, and Notice Requirements. The applicant must publish in the British Columbia Gazette, notice that an application to extend the society limited restoration will be made to the registrar.

For information on the gazetting process contact Crown Publications, www.crownpub.bc.ca. Enter the publication date in item E.

The applicant must also mail a notice of the application for extension to the last address of the registered office of the society and the address of each of the individuals who were the directors of the society at the time of the dissolution. Enter the latest date notice was mailed to either the society or a director.

Item E Court Order. Complete this item if the extension to the limited restoration has been approved by the court. Submit a copy of the entered court order with your limited restoration extension application. Court ordered limited restorations require a court order authorizing an extension.

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: \$15.00

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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

A NAME OF SOCIETY

INCORPORATION NUMBER OR BUSINESS NUMBER

B APPLICANT NAME AND MAILING ADDRESS

Please enter the applicant name, email address and mailing address. Applicant - The person who filed the initial Application for Limited Restoration.

CORPORATION OR INDIVIDUAL NAME

FIRST NAME MIDDLE NAME LAST NAME

EMAIL TELEPHONE

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

I confirm I am the person who filed the initial application for Limited Restoration.

C APPLICANT RELATIONSHIP TO SOCIETY - Check applicable box.

- Member of Director at the time of dissolution.
Heir or personal or other legal representative of a person who was a member at the time of dissolution.
The court has ordered that I am an appropriate person to make this application.



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D NOTIFICATION DATES

The date the notice of the Application for extension was published in the BC Gazette Date (yyyy/mm/dd)

The latest date the Notice of the Application for Extension was mailed to the registered office addresses of the society or director Date (yyyy/mm/dd)

E EXTEND RESTORATION DATE

The expiration of the limited period of restoration will be two years from the date this application is filed unless otherwise specified below.

- Less than 6 months, number of months: 6 months from the date this application is filed. 12 months from the date this application is filed. 18 months from the date this application is filed. The Court has authorized for the new expiration date to be

F COURT ORDER - Complete this item if Extension is to be approved by court order.

I have obtained a copy of an entered court order extending the limited restoration's period of time and it is attached. Court order #

G REGISTERED OFFICE ADDRESS

DELIVERY ADDRESS - (PO Box number alone is not acceptable. Postal Code required.) CITY PROV. POSTAL CODE MAILING ADDRESS CITY PROV. POSTAL CODE PRIMARY EMAIL ADDRESS ALTERNATE EMAIL ADDRESS

H CERTIFICATION - I certify that I have relevant knowledge of the society, and that I am authorized to make this 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 DATE SIGNED (YYYY MM DD)

I DELIVERY METHOD - Choose one delivery method for receipt of the society's certified documents.

Society Email Other Email Address Pickup (Victoria only) Contact Person Telephone By Mail to Registered Office Mailing Address By Mail to another address. Please specify. MAILING ADDRESS CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE