



Telephone: 1 877 526-1526
www.bcreg.ca

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

Courier Address: 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 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 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

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 US funds.

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A INCORPORATION NUMBER OF COMPANY

B NAME OF COMPANY AT THE TIME OF DISSOLUTION

C NAME RESERVED FOR THE COMPANY TO BE RESTORED - Choose one of the following:

The name _____ is the name

reserved for the company to be restored. The name reservation number is _____, OR

The name of the company at the time of dissolution was " _____ B.C. Unlimited Liability Company" and the company is to be restored with the same numbered name.

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 as 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

E MAILING ADDRESS OF APPLICANT

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

F 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:

A director of the company.

OR

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.

OR

The court has, under section 360(2)(a) or 361(2)(a), ordered that I am a related person to the company.

An officer of the company.

A shareholder of the company.

G TRANSLATION OF NAME

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

H DATE OF RESTORATION - Complete this Item if restoration is approved by court order.

Choose one of the following:

I have obtained a copy of an entered court order approving the full restoration and it is attached.

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.

I REGISTERED OFFICE ADDRESSES

Set out the delivery address and mailing address of the registered office proposed for the company.

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE	CITY	POSTAL CODE
		Prov. BC
MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE	CITY	POSTAL CODE
		Prov. BC

COMPLETE SECTION J OR K, BUT NOT BOTH

J RECORDS OFFICE ADDRESSES - Complete this Item if "dissolved company's records" are available.

Set out the delivery address and mailing address of the office where the "dissolved company's records" are being kept.

DELIVERY ADDRESS OF THE LOCATION OF THE "DISSOLVED COMPANY'S RECORDS"	CITY	POSTAL CODE
		Prov. BC
MAILING ADDRESS OF THE LOCATION OF THE "DISSOLVED COMPANY'S RECORDS"	CITY	POSTAL CODE
		Prov. BC

K RECORDS OFFICE ADDRESSES - Complete this Item if "dissolved company's records" are not available.

The "dissolved company's records" are not available and the delivery address and mailing address of the records office proposed for the restored company are:

DELIVERY ADDRESS OF THE COMPANY'S RECORDS OFFICE	CITY	POSTAL CODE
		Prov. BC
MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE	CITY	POSTAL CODE
		Prov. BC

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 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 OF APPLICANT	SIGNATURE OF APPLICANT	DATE SIGNED (YYYY / MM / DD)
	X	

M 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 Registered Office Mailing Address				
By Mail to another address. Please specify.				
MAILING ADDRESS	CITY	PROV/STATE	COUNTRY	POSTAL CODE/ZIP CODE