



FULL REINSTATEMENT APPLICATION

BUSINESS CORPORATIONS ACT, section 364.1

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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 The registration number is the number assigned to the foreign entity when it is registered as an extraprovincial company in B.C.
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.
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 I Enter the delivery address and mailing address of the head office of the foreign entity, whether or not the head office is in B.C.
Item J Optional if the foreign entity's head office is in B.C. An attorney may be an individual or a B.C. company.
Item K Enter the mailing and delivery address for the attorney.

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.

Item L If the applicant is a corporation or firm, this form must be signed by an authorized signing authority for that 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.

OFFICE USE ONLY - DO NOT WRITE IN THIS AREA

PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

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 RELATIONSHIP OF APPLICANT TO THE FOREIGN ENTITY - Check applicable box:

I am related to the foreign entity and I am:

- | | |
|---|---|
| <input type="checkbox"/> the foreign entity that is to have its registration reinstated as an extraprovincial company by this application | <input type="checkbox"/> a shareholder of the foreign entity |
| <input type="checkbox"/> a director of the foreign entity | <input type="checkbox"/> a manager if the foreign entity is a Limited Liability Company |
| <input type="checkbox"/> an officer of the foreign entity | <input type="checkbox"/> a member if the foreign entity is a Limited Liability Company |

H DATE OF REINSTATEMENT

If the extraprovincial company was made historical within the last year due to failing to file annual reports, the company will be reinstated immediately. However, if the company was made historical for another reason or it has been historical for over 1 year then 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. **In either case, the following two 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

I HEAD OFFICE ADDRESSES

DELIVERY ADDRESS OF HEAD OFFICE CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE

MAILING ADDRESS OF HEAD OFFICE CITY PROV/STATE COUNTRY POSTAL CODE/ZIP CODE

J NAME OF ATTORNEY(S) IF ANY - Attach additional sheet if required.

FIRST NAME MIDDLE NAME LAST NAME

CORPORATION / BUSINESS NAME _____

K ATTORNEY(S) ADDRESSES

DELIVERY ADDRESS OF ATTORNEY CITY PROV. BC POSTAL CODE

MAILING ADDRESS OF ATTORNEY CITY PROV. BC POSTAL CODE

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