



FULL REINSTATEMENT APPLICATION

BUSINESS CORPORATIONS ACT, section 364.1

Telephone: 1 877 526-1526
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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 The registration number is the number assigned to the foreign entity when it is registered as an extrajurisdictional company in B.C.
Item B Enter the name of the extrajurisdictional 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 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. The delivery address must be for a location that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The delivery address must not be a post office box.

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 J Optional if the foreign entity's head office is in B.C. An attorney may be an individual or a B.C. company. If the attorney is a BC company, enter the full name of the B.C. company.
Item K Enter the mailing and delivery address for the attorney. This delivery address must be for a location in B.C. that is accessible to the public between 9 a.m. and 4 p.m. on business days for the delivery of records. The delivery 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 that corporation or firm.

★ PLEASE ENTER THE COMPANY EMAIL ADDRESS FOR CORRESPONDENCE

A REGISTRATION NUMBER IN BC

B NAME OF EXTRAJURISDICTIONAL 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:

the foreign entity that is to have its registration reinstated as an extraprovincial company by this application

a shareholder of the foreign entity

a director of the foreign entity

a manager if the foreign entity is a Limited Liability Company

an officer of the foreign entity

a member if the foreign entity is a Limited Liability Company

H 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

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 POSTAL CODE

Prov.
BC

MAILING ADDRESS OF ATTORNEY 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