

Telephone: 250 356-8626

OFFICE USE ONLY – DO NOT WRITE IN THIS AREA
Freedom of Information and Protection of Privacy Act (FIPPA)

 The personal information requested on this form is made available to the public under the authority of the *Business Corporations Act*. Questions about how the *FIPPA* applies to this personal information can be directed to the Administrative Assistant of the Corporate and Personal Property Registries at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

If you are applying to convert a limited restoration to a full restoration, please visit our Web site at www.fin.gov.bc.ca/registries or phone 250 356-8626 for instructions.
INSTRUCTIONS:
Please type or print clearly in block letters and ensure that the form is signed and dated in ink.
Item A & B Enter the incorporation number and name of the company 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." 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 this Item if the restoration has **not** been approved by the court.

Item I Complete this Item if the restoration has been approved by the court

Item J, K & L The delivery address must be for a location in BC that 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 M 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.

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 company is to be restored with a name created by adding "B.C. Ltd." after the incorporation number of the company.

D FULL NAME OF APPLICANT

LAST NAME

FIRST NAME

MIDDLE NAME

CORPORATION OR FIRM NAME

E MAILING ADDRESS OF APPLICANT

PROVINCE/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.

COMPLETE ITEM H OR I, BUT NOT BOTH**H DATE OF RESTORATION** – Complete this Item if restoration is to be approved by the registrar.

The company will not be restored until 21 days after the later of the following two dates (both dates must be entered):

The date the Notice of the Application for Restoration was published in the BC Gazette.

YYYY / MM / DD

The date the Notice of the Application for Restoration was mailed to the company.

YYYY / MM / DD

I 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.

I have obtained a copy of an entered court order approving the conversion of a limited restoration to a full restoration.

J REGISTERED OFFICE ADDRESS

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

DELIVERY ADDRESS OF THE COMPANY'S REGISTERED OFFICE

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF THE COMPANY'S REGISTERED OFFICE

PROVINCE

POSTAL CODE

BC

COMPLETE SECTION K OR L, BUT NOT BOTH**K 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"

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF THE LOCATION OF THE "DISSOLVED COMPANY'S RECORDS"

PROVINCE

POSTAL CODE

BC

L 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

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF THE COMPANY'S RECORDS OFFICE

PROVINCE

POSTAL CODE

BC

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

NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE SIGNED

YYYY / MM / DD

X