



Ministry of Finance
 Corporate and Personal
 Property Registries
www.fin.gov.bc.ca/registries

Mailing Address:
 PO Box 9431 Stn Prov Govt
 Victoria BC V8W 9V3
 Location:
 2nd Floor – 940 Blanshard Street
 Victoria BC

RESTORATION APPLICATION
FULL RESTORATION
FORM 31
EXTRAPROVINCIAL COMPANY
 Section 356 & 360 *Business Corporations Act*

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** The registration number is the number assigned to the foreign entity when it is registered as an extraprovincial company in BC.
- Item B** Enter the name of the extraprovincial company exactly as it was shown on the Certificate of Registraion 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 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** Enter the delivery address and mailing address of the head office of the foreign entity, whether or not the head office is in BC. 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.
- Item K** Optional if the foreign entity's head office is in BC. An attorney may be an individual or a BC company. If the attorney is a BC company, enter the full name of the BC company.
- Item L** Enter the mailing and delivery address for the attorney. This 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 delivery 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 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. Please pay in Canadian dollars or in the equivalent amount of US funds.

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

LAST NAME

FIRST NAME

MIDDLE NAME

CORPORATION OR FIRM NAME

F MAILING ADDRESS OF APPLICANT

PROVINCE/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 restored as an extraprovincial company by this application a shareholder of the foreign entity a member if the foreign entity is a Limited Liability Company a director of the foreign entity a manager if the foreign entity is a Limited Liability Company a person ordered to be a related person by the court under section 360(2)(a) or 361(2)(a) an officer of the foreign entity**COMPLETE SECTION H OR I, BUT NOT BOTH****H DATE OF RESTORATION – Complete this Item if restoration is to be approved by the registrar.**

The registration of the extraprovincial 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 extraprovincial 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 HEAD OFFICE ADDRESSES**

DELIVERY ADDRESS OF HEAD OFFICE

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS OF HEAD OFFICE

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

K NAME OF ATTORNEY(S) IF ANY – Attach additional sheet if required.

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

L ATTORNEY(S) ADDRESSES

DELIVERY ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF ATTORNEY

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



Ministry of Finance
 Corporate and Personal
 Property Registries
 www.fin.gov.bc.ca/registries

Mailing Address:
 PO Box 9431 Stn Prov Govt
 Victoria BC V8W 9V3
 Location:
 2nd Floor – 940 Blanshard Street
 Victoria BC

**REQUEST FOR YOUR
 BUSINESS NUMBER**
FORM 1
 Section 7 *Business Number Act*

Telephone: 250 356-8626

INSTRUCTIONS:

Please type or print clearly in block letters.

The Province of British Columbia has entered into a partnership with the Canada Revenue Agency (CRA) to use the federal Business Number (BN) as a convenient way for businesses to identify themselves when communicating with federal and provincial governments.

The Corporate Registry, under the authority of the *Business Number Act*, is therefore collecting the BN from both corporations applying for registration in British Columbia and corporations currently registered in British Columbia. This will allow corporations to use their BN as an identifier the next time they communicate with the Corporate Registry.

You will already have a BN if you have been incorporated federally or if you are incorporated in another Canadian jurisdiction.

You may have also received a BN from CRA if you:

- collect GST/HST;
- have employees;
- import or export goods to or from Canada;
- operate a taxi or limo service;
- collect Social Service (PST), Hotel Room Tax or are registered with Workers Compensation Board, and/or;
- are registered to do business in another Canadian jurisdiction

COMPLETE ITEM A OR B

A BUSINESS NUMBER

Your **Business Number** (e.g., CRA corporate tax account) would be displayed as a 15 character identifier, for example: **82123 5679 RC 0001**. The first nine numbers uniquely identify your business – it's those numbers we need.

Please enter the first 9 digits here:

B DIRECTOR NAME

If you do not have a Business Number please enter the name of a director of your corporation (as per CRA requirements) so that we can request one for you. The director's name is confidential information and is collected under the authority of the *Business Number Act*.

LAST NAME

FIRST NAME

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 Number 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.