



<b>Name of Corporation:</b>	<b>Entity No.:</b>
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\*A completed Annual Return must accompany this application

I \_\_\_\_\_, being \_\_\_\_\_ of the  
*(Director/Solicitor and Agent/Authorized Officer)*

corporation, certify that the Application to Restore and attached Annual Return are correct and that I have the authority to request this Application be filed pursuant to *The Business Corporations Act*.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Mailing Information** The Confirmation of Restoral will be sent to the mailing address of the corporation unless otherwise indicated below

Name of individual (or firm): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Attention: \_\_\_\_\_ Phone (optional): \_\_\_\_\_

If you would also like a copy of the Confirmation of Restoral to be faxed, please check the box and add an additional fee of **\$5.00** to the cost of the Application to Restore.

Fax Number: \_\_\_\_\_

The completed **Application to Restore** and **Annual Return** and the prescribed fee payable to the Minister of Finance are to be sent to:

Director, Corporations Branch  
200, 1871 Smith Street  
Regina, Saskatchewan  
S4P 4W5