

1. Name of cancelled body corporate	2. Business Number
-------------------------------------	--------------------

3. Date of cancellation

4. The applicant is:

- a director
- an officer (President, Secretary, etc.)
- a shareholder
- a creditor
- other (please explain) _____

5. It is requested that the registration be restored under Subsection 194(5) of *The Corporations Act*.

6. Name of Applicant in full	Address in full (include postal code)	Date	Signature

Instructions: If the cancelled body corporate was in default with respect to any filings required under the Act, all such defaults must be remedied, at the time of delivering the application (no more than the most recent three Annual Returns would be required, however).

OFFICE USE ONLY

Corporation Number: _____