

Telephone: 250 356-8626

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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 Executive Coordinator of the BC Registry Services at 250 356-1198, PO Box 9431 Stn Prov Govt, Victoria BC V8W 9V3.

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 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 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 J** 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 K** 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 L** 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 reinstated 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 an officer of the foreign entity**H DATE OF REINSTATEMENT**

The registration of the 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

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

MAILING ADDRESS OF HEAD OFFICE

PROVINCE/STATE

COUNTRY

POSTAL CODE/ZIP CODE

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

LAST NAME

FIRST NAME

MIDDLE NAME

COMPANY NAME

K ATTORNEY(S) ADDRESSES

DELIVERY ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

MAILING ADDRESS OF ATTORNEY

PROVINCE

POSTAL CODE

BC

L 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