

REINSTATEMENT APPLICATION

FOR EXTRAPROVINCIAL COMPANIES

You are requested to use this standard form of Notice to Creditors and Others. Deviations from this format will only be published if specific instructions are provided to, and confirmed by, the King's Printer prior to publication and additional fees may apply. The King's Printer reserves the right to make editorial changes to any Notice as it deems appropriate.

Please ensure that all notices are legible. It is the responsibility of the customer to verify the accuracy of their submission. ALL FIELDS MUST BE FILLED BEFORE SUBMITTING.

Take notice that a reinstatement application will be made to the registrar of companies to reinstate

(Name of Company to be Reinstated) *Please note if this is a Limited Restoration you must list the length beside the company name i.e. "for a limited period of 12 months"*

Registration # _____

Dated at _____ BC, this _____ day of _____, 20 _____
(Your Current Location i.e. City, Town, etc.) (Day) (Month) (Year)

Name Of Person Making Application, _____

Relationship to Company (i.e. President, Agent, Director) _____

Ad submissions will be accepted until 1PM the Tuesday before publication with 1:30PM being the cut-off for approved payment.

Payment for this ad is \$68.23 (includes applicable taxes). Payment can be made by Credit Card, Company Cheques, Certified Cheques or Money Orders Note that we do not accept Personal Cheques.

To submit this form and pay by Credit Card please email to BC.Gazette@gov.bc.ca, please note we will receive a confirmation of payment automatically

Cheques should be made out to the "Minister of Finance" and mailed to the address following:

BC Gazette
PO Box 9451 Stn Prov Govt
Victoria BC V8W 9V7
4234 Glanford Ave, Victoria BC V8Z 4B8 (for Courier)

A hard copy of your receipt, as well as a copy of The Gazette, will be mailed to the address you provide below.

This information will not be published or made public.

We are unable to provide emailed copies of your receipt at this time.

If you have any questions, please do not hesitate to call the BC Gazette @ 1 800 663-6105.

Your Name _____

Company (if applicable) _____

Address _____

City _____ Province _____ Postal Code _____

Phone Number(s) _____

Email Address For Payment Link _____

A secure link for payment will be emailed to you at the address you provide above