

REINSTATEMENT APPLICATION

You are requested to use this standard form of Notice of Reinstatement.. Deviations from this format will only be published if specific instructions are provided to, and confirmed by, the Queen's Printer prior to publication and additional fees may apply. The Queen'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 Restored)

Registration # _____, as an extraprovincial company in BC.

Dated at _____, BC, this _____ day of _____, 2019.
(location) (today's date)

Name of Person Making Application _____

Relationship to Company (i.e. Officer, Director, Shareholder) _____

Payment for this ad is \$63.83 (includes applicable taxes). Company Cheques or Money Orders should be made out to the "Minister of Finance" and mailed to the address following. Note that we do not accept Personal Cheques.

To submit this form please email to QPGazette@gov.bc.ca, fax to 250 387-1120 or mail to:

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 This information will not be published or made public.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) _____

Cardholder's Name _____

Please note: If submitting by EMAIL – Do not include your credit card information. Once the form has been submitted, wait for an email from QP Gazette confirming we have received the email and then call us with your credit card. If submitting by FAX – Upon completion of the request, all credit card information will be destroyed.

Visa, AMEX or MasterCard # _____ / _____ / _____ / _____ Expiry _____ / _____ CVV _____