## REINSTATEMENT APPLICATION

You are requested to use this standard Reinstatement Application form. 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.

(Name of Company to be Restored) Please note if this is a L	imited Restoration	you must list	the length beside th	ne company name i.e. "for a	limited period of 12 month
Registration #					
Dated at(Your Current Location i.e. City, Town, etc)	, 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, Agen	nt, Director) _				
Ad submissions will be accepted until 1PM the To	uesday before p	ublication	with 1:30PM l	peing the cut-off for a	pproved payment.
Payment for this ad is <b>\$68.23</b> (includes applications order. We do not accept personal cheques.  To submit this form and pay by credit card ple of payment automatically.				- 1	•
Cheques should be made out to the "Minister BC Gazette PO Box 9451 Stn Prov Govt Victoria BC V8W 9V7 4234 Glanford Ave, Victoria BC V8Z 4			to the address	following:	
Your receipt will be sent via email soon after payou provide below. <b>This information will not be published or mad</b> If you have any questions, please do not hesitate	le public.				nailed to the address
Your Name					
Company (if applicable)					
Address					
City	Province			Postal Code	
Phone Number(s)					
Email Address For Payment Link					
(All receipts are sent via email)				e emailed to the add	

(Please be sure to check your junk or spam folder)