

Re: Federal Corporation Revival

Dear Clients:

Revival allows a dissolved corporation to be restored to its previous legal position in the same manner and to the same extent as if it had not been dissolved. A revival retroactively validates the business and affairs of the corporation during the time of its dissolution.

The Federal Government fee for Revival is \$200.00. The dissolved corporation is required to file its outstanding annual returns with Corporations Canada and pay all prescribed fees, usually for the two years immediately preceding the revival (\$40.00 per year).

- If changes were made to the information contained in the articles of the corporation, you are required to update this information by first reviving the corporation and then filing Articles of Amendment.
- With respect to the corporation's name, the revived corporation must apply for the revival using the same corporation name it had at the time of its dissolution. At the time of the revival, if Corporations Canada does not approve the name because it is prohibited (e.g., if it is likely to be confused with a corporate name acquired by another corporation between the date of the dissolution and the date of revival), a numbered name will be assigned to the revived corporation. If this is the case, once the Certificate of Revival is issued, the revived corporation may request a new corporate name by filing Articles of Amendment.

Attached please find:

1. Price List - Our service fee is \$235.00 plus HST, which includes Federal Revival and Ontario updating;
2. Revival information form, please DO provide your **email address** for any updates from Corporations Canada;
3. Signature pages;

Please send the above forms back to us by fax/mail/email. The processing time is 3-4 weeks.

Should you have any questions please do not hesitate to contact us. Thank you very much!

Sincerely yours,

Sandra Chen / Susan Ding

Best Ontario Service Price

GOVERNMENT FEES	Incorporation	Amendment	Restated	Revival	Business Name
ONTARIO REGISTRATION	\$360.00	\$150.00	\$150.00	\$330.00	\$80.00
FEDERAL REGISTRATION	\$200.00	\$200.00	\$200.00	\$200.00	N/A

ONTARIO INCORPORATION PACKAGE (Profit) & ONTARIO BUSINESS NAME REGISTRATION

	REG	HST	TOTAL
<input type="checkbox"/> P01	155.00	20.15	175.15
<input type="checkbox"/> P02	290.00	37.70	327.70
<input type="checkbox"/> P03	222.00	28.86	250.86
<input type="checkbox"/> P04	113.00	14.69	127.69
<input type="checkbox"/> P05	248.00	32.24	280.24
<input type="checkbox"/> P06	180.00	23.40	203.40
<input type="checkbox"/> P07	155.00	20.15	175.15
<input type="checkbox"/> P08	155.00	20.15	175.15
<input type="checkbox"/> P09	55.00	7.15	62.15
<input type="checkbox"/> P10	155.00	20.15	171.15
<input type="checkbox"/> P11	85.00	11.05	96.05
<input type="checkbox"/> P12	65.00	8.45	73.45
<input type="checkbox"/> P13	55.00	7.15	62.15

ONTARIO INCORPORATION PACKAGE (Not-for-Profit / Charitable)

	REG	HST	TOTAL
<input type="checkbox"/> N01	220.00	28.60	248.60
<input type="checkbox"/> N02	287.00	37.31	324.31

FEDERAL INCORPORATION (Profit)

	REG	HST	TOTAL
<input type="checkbox"/> F01	235.00	30.55	265.55
<input type="checkbox"/> F02	370.00	48.10	418.10
<input type="checkbox"/> F03	302.00	39.26	341.26
<input type="checkbox"/> F04	193.00	25.09	218.09
<input type="checkbox"/> F05	328.00	42.64	370.64
<input type="checkbox"/> F06	260.00	33.80	293.80
<input type="checkbox"/> F07	180.00	23.40	203.40
<input type="checkbox"/> F08	235.00	30.55	265.55
<input type="checkbox"/> F09	65.00	8.45	73.45

SEARCH & REPORT

	REG	HST	TOTAL
<input type="checkbox"/> 101	42.00	5.46	47.46
<input type="checkbox"/> 102	67.00	8.71	75.71
<input type="checkbox"/> 103	40.00	5.20	45.20
<input type="checkbox"/> 104	52.00	6.76	58.76

CORPORATE SUPPLIES

	REG	HST	TOTAL
<input type="checkbox"/> 301	67.00	8.71	75.71
<input type="checkbox"/> 302	135.00	17.55	152.55
<input type="checkbox"/> 303	89.00	11.57	100.57
<input type="checkbox"/> 304	98.00	12.74	110.74
<input type="checkbox"/> 305	95.00	12.35	107.35

Minister of Finance (Ontario) or Receiver general of Canada (Federal)

\$

Payable to Best Ontario Inc.

\$

CARD HOLDER'S NAME and SIGNATURE:

VISA MasterCard American Express

First Name:

Middle Initial:

Last Name:

Card Number:

Expire Date: /

The Cardholder Signature: **X** _____

Please *sign here* to acknowledge by fax or email this order and agree to pay by the credit card.

Federal Corporation Revival Information

Contact Name: _____ Tel: () _____ Cell: () _____ Date: _____

1. Corporation Name

2. Federal Corporation Number

3. Current Address of the Registered Business Office

Suite/Apt./Unit: _____ Street No. & Name: _____

City: _____ Province: ONTARIO Postal Code: _____ Business Phone: () _____

4. Directors' Name and Directors' Address for Service

FIRST	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM

SECOND	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM

THIRD	First Name: _____ Middle Initial: _____ Last Name: _____
	<input type="checkbox"/> Same as business address Suite: _____ Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No Postal Code: _____ City: _____ Province: <input type="checkbox"/> ONTARIO
	Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM

Note: If you have more directors, please write on another copy of this request form or provide the same info on a separate piece of paper.

5. Extra Information

➤ Authorizing person Signature: **X** _____ Authorizing person Name: _____

➤ E-mail Back? YES E-mail address: _____

➤ Fax Back? YES Fax number: _____ Attention: _____



**Canada Business Corporations Act (CBCA)
FORM 15
ARTICLES OF REVIVAL
(Section 209)**

1 - Corporate name

2 - Corporation number			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="text-align: center; padding: 0 5px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>		-	
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3 - Interest of Applicant (choose only one)	
<input type="radio"/> Shareholder	
<input type="radio"/> Director	
<input type="radio"/> Officer	
<input type="radio"/> Employee (other than an officer)	
<input type="radio"/> Creditor	
<input type="radio"/> Trustee in bankruptcy	
<input type="radio"/> A person who has a contractual relationship with the dissolved corporation	
<input type="radio"/> Other, please specify:	

Obligations on Revival

A revived corporation is restored as if it had not been dissolved. Therefore, **the public record will show the articles of the revived corporation exactly as they were at the time the corporation was dissolved.** Changes made after dissolution will not be reflected.

The following must be filed once the corporation has been revived:

- Any outstanding annual returns for the last two years
- Any change in the registered office address
- Any change in directors

4 - Declaration		
I hereby certify that the request for revival is intended for legal purposes, in good faith and in the interest of the applicant.		
Name of applicant:		
Number and street name:		
City:	Province or territory:	Postal code:
Signature:		Telephone number:
Note: Misrepresentation constitutes an offence and, on summary conviction, a person is liable to a fine not exceeding \$5000 or to imprisonment for a term not exceeding six months or to both (subsection 250(1) of the CBCA).		



Canada Business Corporations Act (CBCA)
FORM 22
ANNUAL RETURN
(Section 263)

1 - Corporate name

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2 - Corporation number

<input type="text"/> - <input type="text"/>

3 - Year of filing

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4 - Date of the last annual meeting of shareholders or date of the last written resolution in lieu of meeting

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5 - Which of the following statements correspond to the corporation's situation? (check only one box)
Refer to the instructions for definitions.

- Non-distributing corporation with 50 or fewer shareholders
- Non-distributing corporation with more than 50 shareholders
- Distributing corporation

6 - Declaration

I hereby certify that I have relevant knowledge of the corporation, and that I am authorized to sign this form.

Signature: _____

Print name: _____ Telephone number: _____

Note: Misrepresentation constitutes an offence and, on summary conviction, a person is liable to a fine not exceeding \$5000 or to imprisonment for a term not exceeding six months or to both (subsection 250(1) of the CBCA).



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