

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 **\$250.00** for Regular Service (**5** business days) or **\$350.00** for Expedited Service (**3** business days). 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 (**\$12.00** 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 \$245.00 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

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>		-	
	-		

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).



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

1 - Corporate name

2 - Corporation number

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