

## 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**, the processing time is **10-15** 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).

### Please provide your Corporation KEY.

- 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 listed as F08 on the price list; this service covers the Revival filing, outstanding Annual Return filing and updating for the business address & directors;
2. Revival information form; if your business address has changed since the time of dissolution, please provide the new address for updating; if there has been any directors' change, please provide the names & addresses of the directors who will be on board after the revival.

Please send us back the signed forms and we will prepare the Articles of Revival for you to sign. 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	\$3 0.00	\$ .00	\$ .00	\$ .00	\$
FEDERAL REGISTRATION	\$200.00	\$200.00	\$200.00	\$2 0.00	N/A

ONTARIO INCORPORATION PACKAGE (Pro fit) & ONTARIO BUSINESS NAME REGISTRATION					REG	HST	TOTAL
^ P01	NUANS® Report, Article V Preparing, Incorporation ) L O, Initial Return ) L O L Q J				.00	2	
^ P02	NUANS® Report, Article V Preparing, Incorporation ) L O, Initial Return ) L O Minute Book & Seal				.00		
^ P03	NUANS® Report, Article V Preparing, Incorporation ) L O, Initial Return ) L O & Seal				2 .00	3	
^ P04	Numbered Company Article V Preparing, Incorporation ) L O, Initial Return ) L O L Q J				1 3.00	1	9
^ P05	Numbered Company Article V Preparing, Incorporation ) L O, Initial Return ) L O Minute Book & Seal				.00		
^ P06	Numbered Company Article V Preparing, Incorporation ) L O, Initial Return ) L O & Seal				.00		2
^ P07	& R U S R U D W L R Q Article V Preparing, ' R F X P H Q W V				1 5.00	2	5
^ P08	Restated Articles of Incorporation, Article Preparing ' R F X P H Q W V				1 5.00	2	
^ P09	Corporation Dissolution Article V Preparing, ' R F X P H Q W V ) L O L Q J				5.00	5	. 5
^ P10	Corporation Revival Article V Preparing, ' R F X P H Q W V				1 5.00	2 5	5
^ P11	Corporation Notice of Change ) R U P ) L O L Q J Z L W K 3 U R I L O H 5 H S R U W				5.00	1 5	1
^ P12	Ontario , Q L W L D O 5 H W X B Q W U R D U P U R Y L Q F L D O & R U S R U D W L R Q				.00		
^ P13	Ontario Sole Proprietorship / Partnership / Trade Name Registration				5.00	5	5

ONTARIO INCORPORATION PACKAGE (Not-for-Profit / Charitable)					REG	HST	TOTAL
^ N01	NUANS® Report, Non-Profit / Charity Article Preparing, Government Filing, Initial Return				2 0.00	0	0
^ N02	NUANS® Report, Non-Profit / Charity Article Preparing, Government Filing, Initial Return & Seal				3 .00		

FEDERAL INCORPORATION (Profit)					REG	HST	TOTAL
^ F01	NUANS® Report, Federal Corporation Registration, Ontario Registration				2 5.00	3 5	2 5
^ F02	NUANS® Report, Federal Corporation Registration, Ontario Registration, Minute Book & Seal				.00		4
^ F03	NUANS® Report, Federal Corporation Registration, Ontario Registration & Seal				3 .00	4	3
^ F04	Numbered Federal Corporation Registration, Ontario Registration				2 3.00	2 9	2 9
^ F05	Numbered Federal Corporation Registration, Ontario Registration, Minute Book & Seal				3 .00		
^ F06	Numbered Federal Corporation Registration & Seal				2 .00		
^ F07	Federal Corporation Amendment				0	2 0	
^ F08	Federal Corporation Revival				2 5.00		2 5
^ F09	) H G H U D O & R D S B U B K W O R G L U H F W D R Q U S U R I L O H U H S R U W				5. 0		

SEARCH & REPORT					REG	HST	TOTAL
^ 101	Ontario / Federal Corporate Name Search Report (NUANS®) – Standard Service				42.00	5.46	47.46
^ 102	Ontario Corporate Profile Search 5 H S R U W				.00		
^ 103	Ontario Corporate 0 L F U R H L F & R S L H V R I ' R F X P H Q W V				.00		

CORPORATE SUPPLIES					REG	HST	TOTAL
^ 301	Corporate Seal				.00		
^ 302	Minute Book Kit With Seal (Black Brief-case)				1 0		1
^ 303	Minute Book With Name Printed (Burgundy case)						1
^ 304	Minute Book Kit Without Seal (Black Brief-case)				1 .00		1
^ 305	Minute Book Initializing/Updating				1 00	5	1 5

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

) L U V W 1 D P H 0 L G G O H , Q L W L D O / D V W 1 D P H

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## Appointment of Representative

I, \_\_\_\_\_  
(First name, Middle names and Surname)

address for service

\_\_\_\_\_  
(Street & No. or R.R. No., Municipality, Province, Country & Postal Code)

am

- a Director*  
 *an authorized Officer*  
 *a Shareholder*

(Check appropriate box)

*of the following corporation:*

\_\_\_\_\_  
(Name of Corporation)

I hereby authorize BEST ONTARIO INC. to serve as my representative and to conduct business on my behalf with Corporations Canada.

I authorize Corporations Canada to release information from my file.

I certify that the information set out hereafter, is true and correct.

\_\_\_\_\_  
(Signature of the Authorizing Person)

**By signing this form, you acknowledge that you have relevant knowledge and that you are authorized to submit this form.**

## Federal Corporation Revival Information

Contact Name: \_\_\_\_\_ Tel: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_ Date: \_\_\_\_\_

### 1. Corporation Name

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### 2. Federal Corporation KEY

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### 3. 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: \_\_\_\_\_