

## Re: Federal Corporation Revival

Corporation 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. The revival retroactively validates the corporation's business activities during the period 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 the prescribed fees, usually for the three years immediately preceding the revival (**\$12.00** per year).

Our service fee is **\$310+Hst** (listed as F08 on the attached price List). Our services include:

- Articles of Revival Filing
  - Filing of outstanding Annual Returns
  - Updating corporate address and director information
  - Providing an updated Profile Report
- ❖ If there have been any changes to the information in the corporation's articles, these must be updated after the revival by filing Articles of Amendment.
- ❖ The corporation must apply for the revival using the same corporation name it had at the time of dissolution. 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.

As of January 2024, the federal corporation must file information regarding individuals with significant control (ISC) over the business. Additionally, Please provide the following:

- **Copy of photo ID** for all directors and shareholders (e.g., passport, driver's license, or PR card for permanent residents)
- **Names of shareholders and their respective percentage of shares.**
- **A business bank statement** covering the period from the date of dissolution to the present, as proof that the corporation is still operational.
- **Corporation Key**

Please return the signed forms and we will prepare the Articles of Revival for your signature.

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

Sincerely yours,

Sandra Chen / Susan Ding



8111 Jane Street, Unit 3, Upper Level, Concord, Ontario, L4K 4L7 Tel: (416) 977-8595 (416) 977-9640  
 Website: www.bestontario.com Email: info@bestontario.com

## Federal Corporate Service - Fee Schedule

GOVERNMENT FEES	Incorporation	Amendment	Revival	Annual Return
	200	200	250	12

### Federal Incorporation Service Fees (Business Corporation)

			HST	TOTAL
F01	NUANS Report, Federal Registration, Ontario Registration & Company Key, BN(Tax) Number	310	40.30	350.30
F02	NUANS Report, Federal Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal	485	63.05	548.05
F03	NUANS® Report, Federal Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal & Updating	635	82.55	717.55
F04	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number	268	34.84	302.84
F05	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal	443	57.59	500.59
F06	Numbered Corporation Registration, Ontario Registration & Company Key, BN(Tax) Number, Minute Book with Seal & Updating	593	77.09	670.09

### Federal Corporation Information Changes Service Fees

			HST	TOTAL
F07	Federal Corporation Amendment	255	33.15	288.15
F08	Federal Corporation Revival	310	40.30	350.30
F09	Federal Corporation Dissolution Filing	170	22.10	192.10
F10	Federal Corporation Dissolution Filing w/Ontario Cancellation	265	34.45	299.45
F11	Federal Corporation address / director change with updated profile report	210	27.30	237.30
F12	Federal Corporation Extra Provincial Notice of Change	120	15.60	135.60
F13	Federal Corporation Annual Return Filing	95	12.35	107.35



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# CORPORATE SUPPLIES

## CORPORATE SUPPLIES

			HST	TOTAL
301	Minute Book Kit With Seal (Black Brief-case) w/20 Share Certificates	175	22.75	197.75
302	Minute Book With Seal (Burgundy Slip case) w/20 Share Certificates	175	22.75	197.75
303	Minute Book Kit Without Seal (Black Brief-case) w/20 Share Certificates	140	18.20	158.20
304	Minute Book Without Seal (Burgundy Slip case) w/20 Share Certificates	140	18.20	158.20
305	Corporate Seal	90	11.70	101.70
306	Minute Book Initializing/Updating	150	19.50	169.50
307	Minute Book With Seal (Burgundy Slip case) w/6 Share Certificates	125	16.25	414.25
308	20 Share Certificates	70	9.10	79.10
309	Blank Share Certificates (Single)	3.50	0.46	3.96
310	Blank Share Certificates (Single) w/ Name Printing	5.50	0.72	6.22

## Courier Option

			HST	TOTAL
D01	Courier Fee	22	2.86	24.86

## Total Amount

\$

CARD HOLDER'S NAME and SIGNATURE:

VISA

MasterCard

American Express

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expire Date: \_\_\_\_\_  
Security Code: \_\_\_\_\_

The Cardholder Signature: X \_\_\_\_\_

Please sign here to acknowledge this order and agree to pay by the credit card.



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## Federal Corporation Revival Information

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

### 1. Corporation Name

### 2. Federal Corporation KEY

### 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 Name: _____	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 Name: _____	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 Name: _____	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: \_\_\_\_\_

## 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.