

Re: Ontario Corporation Revival

The Ontario Government fee for corporation's revival is \$330.00. Online document filing fee is \$95.00. Total is \$425. Please choose P10 on the following price list for our service fee charge. We accept major credit cards or email money transfer.

1. *Ontario-biased Nuans report is required if the corporation is reviving under a name other than the name at dissolution or if more than ten years but fewer than 20 years have elapsed since the corporation was dissolved. The fee for Nuans report is \$42.00+Hst;*
2. *If your corporation was cancelled by Ontario Corporations Tax Branch, you have to obtain a letter consenting to the revival from the Ministry of Finance. The contact information is as follows:
To request a consent letter contact by mail
Ministry of Finance
Account Management and Collections Branch
33 King Street West, P.O. Box 622
Oshawa, ON L1H 8H5
Fax: 905-433-5418
Email: taxroll.management@ontario.ca*
3. *If the corporation voluntarily dissolved by filing Articles of Dissolution or was cancelled by the Central Production and Verification Services Branch for cause (e.g. not having the required number of directors), or if it is more than 20 years after the date of dissolution, the corporation may only be revived by a special act of the Legislature (Private Act).
For information contact:
Clerk of the Standing Committee on Regulations and Private Bills Legislative Assembly of Ontario
Email: Comm-regsprbills@ola.org
Tel: 416-325-3526
Fax: 416-325-3505*

Attached please find:

- ◆ Our Price List ;
- ◆ Ontario Corporation Revival information form;
- ◆ Authorization form;

Please send the above documents to us by email.

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

Sincerely yours,

Sandra Chen / Susan Ding

Ontario Corporation Revival Information

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

1. Corporation Name _____

2. Major Business Activities _____

3. If the Corporation is to be Revived under a Name other than the Name at the time of Cancellation, please Provide the New Name

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

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

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

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. Additional Information

- Authorizing person Signature: **X** _____ Authorizing person Name: _____
- E-mail Back? *YES* E-mail address: _____



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

Best Ontario Service Price

GOVERNMENT FEES	Incorporation	Amendment	Restated	Revival	Business Name
ONTARIO REGISTRATION	\$395.00	\$265.00	\$265.00	\$445.00	\$115.00
FEDERAL REGISTRATION	\$200.00	\$200.00	\$100.00	\$250.00	N/A

ONTARIO INCORPORATION PACKAGE (Profit) & ONTARIO BUSINESS NAME REGISTRATION

	REG	HST	TOTAL
<input type="checkbox"/> P01	220.00	28.60	248.60
<input type="checkbox"/> P02	390.00	50.70	440.70
<input type="checkbox"/> P03	310.00	40.30	350.30
<input type="checkbox"/> P04	178.00	23.14	201.14
<input type="checkbox"/> P05	348.00	45.24	393.24
<input type="checkbox"/> P06	268.00	34.84	302.84
<input type="checkbox"/> P07	220.00	28.60	248.60
<input type="checkbox"/> P08	220.00	28.60	248.60
<input type="checkbox"/> P09	120.00	15.60	135.60
<input type="checkbox"/> P10	220.00	28.60	248.60
<input type="checkbox"/> P11	150.00	19.50	169.50
<input type="checkbox"/> P12	115.00	14.95	129.95
<input type="checkbox"/> P13	105.00	13.65	118.65

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

	REG	HST	TOTAL
<input type="checkbox"/> N01	265.00	34.45	299.45
<input type="checkbox"/> N02	355.00	46.15	401.15

FEDERAL INCORPORATION (Profit)

	REG	HST	TOTAL
<input type="checkbox"/> F01	280.00	36.40	316.40
<input type="checkbox"/> F02	450.00	58.50	508.50
<input type="checkbox"/> F03	370.00	48.10	418.10
<input type="checkbox"/> F04	238.00	30.94	268.94
<input type="checkbox"/> F05	408.00	53.04	461.04
<input type="checkbox"/> F06	328.00	42.64	370.64
<input type="checkbox"/> F07	225.00	29.25	254.25
<input type="checkbox"/> F08	280.00	36.40	316.40
<input type="checkbox"/> F09	190.00	24.70	214.70

SEARCH & REPORT

	REG	HST	TOTAL
<input type="checkbox"/> 101	42.00	5.46	47.46
<input type="checkbox"/> 102	75.00	9.75	84.75
<input type="checkbox"/> 103	75.00	9.75	84.75

CORPORATE SUPPLIES

	REG	HST	TOTAL
<input type="checkbox"/> 301	90.00	11.70	101.70
<input type="checkbox"/> 302	170.00	22.10	192.10
<input type="checkbox"/> 303	125.00	16.25	141.25
<input type="checkbox"/> 304	135.00	17.55	152.55
<input type="checkbox"/> 305	140.00	18.20	158.20

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:

Security Code:

The Cardholder Signature: **X** _____

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

Authorization for Documents Filing to Service Ontario

I, _____
(First name, Middle names and Surname)

address for service

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

am

- a Director of the Corporation*
- a Shareholder of the Corporation*
- other individual having knowledge of the affairs of the Corporation*

(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 Service Ontario - Business Registry.

I authorize Service Ontario 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.