

Re: Ontario Corporation Revival

Dear Clients:

The Ontario Government fee for corporation's revival is \$330.00.

Our service fee is \$165.00 plus HST.

1. If your corporation is cancelled by Ontario Companies Branch, you probably have failed to file the annual returns or have outstanding Special Notice/Annual Return filing fees for the period 1992 to 1995 (**\$50.00 for each year**).
2. If your corporation is cancelled by Ontario Corporations Tax Branch, you have to obtain a letter consenting to the revival from the Ministry of Finance. In the case that a corporation has outstanding tax returns, we can offer the service to file corporation's income tax return (only for companies that have not commenced business and have not issued shares). **Our fee is \$150.00 for each fiscal year.** Please allow us 2-4 weeks to clear your tax account. Please fill out the Tax Return Information Form and send it back along with the following forms;

Attached please find:

- ◆ Our Price List – please fill out the payment information;
- ◆ Ontario Corporation Revival information form;
- ◆ Signature pages of Articles of Revival;
- ◆ Authorization Letter;

Please send the above documents to us by mail or courier.

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. Ontario Corporation Number _____

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 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"/> <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 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"/> <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 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"/> <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. Extra Information

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

Authorization for Corporation Revival

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*
 an authorized Officer of the corporation
 other individual having knowledge of the affairs of the Corporation

(Check appropriate box)

hereby authorize BEST ONTARIO INC. to do Corporation Revival for

(Name of Corporation)

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.

*Form of
Business
Corporations
Act*

*Formule de
Loi sur les
sociétés par
actions*

**6. The following terms and conditions have been complied with:
Les conditions suivantes ont été respectées :**

- a) all outstanding notices and returns required to be filed by the corporation under the *Corporations Information Act* are attached except for any current outstanding annual return, which the corporation will file immediately upon revival.
- a) Tous les avis et rapports en souffrance que la société doit déposer aux termes de la *Loi sur les renseignements exigés des personnes morales* sont joints aux statuts, sauf les rapports annuels courants éventuellement en souffrance, que la société déposera immédiatement après la reconstitution.
- b) all documents required to be filed by the corporation under Ontario tax statutes have been filed and all defaults of the corporation under the tax statutes have been remedied.
- b) Tous les documents exigés par les lois d'imposition de l'Ontario ont été déposés et toutes les omissions commises par la société à l'égard de ces lois ont été corrigées.
- c) the consent from the Minister of Finance to the requested revival (if applicable) is attached.
- c) Le ministre des Finances a approuvé (le cas échéant) la reconstitution. Son consentement est annexé.
- d) the consent of the Public Guardian & Trustee to the requested revival (if applicable) is attached.
- d) Le Tuteur et curateur public a approuvé (le cas échéant) la reconstitution. Son consentement est annexé.
- e) the consent of the Ontario Securities Commission to the requested revival (if applicable) is attached.
- e) La Commission des valeurs mobilières de l'Ontario a approuvé (le cas échéant) la reconstitution. Son consentement est annexé.
- f) all other defaults of the corporation to the date of dissolution have been remedied and it is not more than twenty years from the date of dissolution.
- f) Toutes les omissions commises par la société avant la dissolution ont été corrigées, et la reconstitution a lieu moins de 20 ans après la date de la dissolution.

7. The interest of the applicant in the corporation is: (for example, director, officer, shareholder, creditor, estate trustee of shareholder)

Indiquer l'intérêt de l'auteur de la demande dans la société (p. ex. : administrateur, dirigeant, actionnaire, créancier, exécuteur testamentaire d'un actionnaire, etc.) :

These articles are signed in duplicate.
Les présents statuts sont signés en double exemplaire.

Signature of applicant / Signature de l'auteur de la demande

Print applicant's first name, middle names and surname / Prénom, autre prénom, nom de famille de l'auteur de la demande (en lettres moulées)

Applicant's address for service - street & number or RR# & suite / Domicile élu de l'auteur de la demande – rue et numéro, bureau, ou R.R.

Municipality, province, country & postal code / Municipalité, province, pays et code postal

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