

## Re: Ontario Corporation Revival

The Ontario Government fee for corporation's revival is \$330.00. Online document filing fee is \$85.00. Total is \$415. 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](mailto: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](mailto: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 Initial: _____	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>	

SECOND	First Name: _____	Middle Initial: _____	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 Initial: _____	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: \_\_\_\_\_

## 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.**