

Re: Ontario Corporation Revival

The Ontario Government fee for corporation's revival is \$330.00; Online document filing fee is \$115.00; the total is \$445.00. 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 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.