

## Re: Restated Articles of Incorporation (Ontario)

Dear Clients:

If you wish to consolidate all amendments and the original Articles into one set of Articles, you can apply for **Restated Article of Incorporation**. The restated articles supersede the original Articles and all the amendments that have been made to them. (For example, if you have done the Articles of Amendment and Notice of Change for the business address and directors' change, the restated articles will show the updated information.)

Attached please find:

1. Our Price List. Ontario Government fee with online filing fee for Restated Article of Incorporation is \$265.00; Please choose P08 and fill up the credit card information on the bottom of the form. We do accept email money transfer as well. Please indicate in your email if you prefer EMT.
2. Information form for Restated Articles of Incorporation.
3. Authorization Form.

Please provide a copy of your Articles of Incorporation, and any copies of amended Articles and notice of changes you have on file.

If there has not been any Articles of Amendment filed in the past, you will not be able to apply for Restated Articles of Incorporation; please contact us for Articles of amendment filing first.

Please make sure your corporate address and directors' information is up to date. If not, please first download the request forms for Electronic Filing for Notice of Change Form.

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

Sincerely yours,

Sandra Chen / Susan Ding



## 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.**

# Ontario Restated Articles of Incorporation Information

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

## 1. Current Corporation Name

\_\_\_\_\_

## 2. Major Business Activities:

\_\_\_\_\_

## 3. Current Address of the Registered Business Office

Suite/Apt./Unit: \_\_\_\_\_ Street No. & Name: \_\_\_\_\_

City: \_\_\_\_\_ Province: *ONTARIO* Postal Code: \_\_\_\_\_ Business Phone: (    ) \_\_\_\_\_

## 4. Current Directors' Name and Directors' Address for Service

FIRST	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: _____

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: _____

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: _____

FOURTH	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: _____

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: \_\_\_\_\_