

**COMPANIES OFFICE
FILING REQUEST**



Series _____ of _____

Entity Name: _____		
Registry Number: _____ and/or Business Number: _____		
A Return Address: Contact Person: _____ Telephone No.: _____ Client Reference Number: _____		
B Name Reservation Number, if applicable: _____	C EXPEDITED SERVICE REQUESTED: (additional fees apply)	D Effective Date – is the date documents are received unless you specify a date up to 30 days in the future: _____/_____/_____ Day Month Year Documents will be processed and released after this date
E Confirm Mailing Address for Annual Return/Renewal: Same as box A Note: If not completed, the registered office address will be recorded as the mailing address		F Provide an email address if you wish to receive Annual Return/Renewal notifications electronically: _____

Return fee and two copies to:
Companies Office 1010 – 405 Broadway, Winnipeg, MB. R3C 3L6

OFFICE USE ONLY			
Type of forms being filed: ☐ Corporate ☐ Business ☐ Cooperative			Initials:
Fees:	Payment method OR Account number:	Received On:	
 _____ _____ _____			
Released Date (dd/mm/yyyy):	Released By:	Pickup Date (dd/mm/yyyy):	Signature (Pickup):

The Corporations Act
**APPLICATION FOR RESTORATION OF
REGISTRATION**



1. Name of cancelled body corporate	2. Business Number
3. Date of cancellation	4. Home Jurisdiction Registry Number

5. The applicant is:

☐ a director

☐ an officer (President, Secretary, etc.)

☐ a shareholder

☐ a creditor

☐ other (please explain) _____

6. It is requested that the registration be restored under Subsection 194(5) of *The Corporations Act*.

7. Name of Applicant in full	Address in full (include postal code)	Date	Signature

Instructions: If the cancelled body corporate was in default with respect to any filings required under the Act, all such defaults must be remedied, at the time of delivering the application (no more than the most recent three Annual Returns would be required, however).