

Articles of Revival

Business Corporations Act
Section 208

1. **Name of Dissolved Corporation**

2. **Corporate Access Number**

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3. **Reason for Dissolution:**

4. **Enter your interest in the corporation and why you seek revival of the corporation:**

5. **Name of Applicant**

Name (Last, First, Second)

6. **Business or Home Address of Applicant**

Address Code	City / Town	Province	Postal
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Name of Person Authorizing (please print)

Identification

Date

This information is being collected for the purposes of corporate registry records in accordance with the Business Corporations Act. Questions about the collection of this information can be directed to the Freedom of Information and Protection of Privacy Coordinator for Alberta Registries, Box 3140, Edmonton, Alberta T5J 2G7, (780) 427-7013.

Restated Articles of Incorporation

Business Corporations Act

Section 180

1. **Name of Corporation**

2. **Corporate Access Number**

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3. **The classes of shares, and any maximum number of shares that the corporation is authorized to issue:**

4. **Restrictions on share transfers (*if any*):**

5. **Number, or minimum and maximum number of directors:**

6. **If the corporation is restricted FROM carrying on a certain business or restricted TO carrying on a certain business, specify the restriction(s):**

7. **Other provisions (*if any*):**

The Restated Articles of Incorporation correctly set out above, without substantive change represent the Articles of Incorporation as amended and supersede the original Articles of Incorporation.

Name of Person Authorizing (*please print*)

Identification

Title (*please print*)

Date

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Notice of Address or Notice of Change of Address

Business Corporations Act
Section 20

1. **Name of Corporation**

2. **Corporate Access Number**

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3. **Address of Registered Office** (*P.O. Box number **can only** be used by a Society*)

<i>Street</i>	<i>City / Town</i>	<i>Province</i>	<i>Postal Code</i>

OR

Legal Land Description	<i>Section</i>	<i>Township</i>	<i>Range</i>	<i>Meridian</i>

4. **Records Address** (*P.O. Box number **cannot** be used*)

<i>Street</i>	<i>City / Town</i>	<i>Province</i>	<i>Postal Code</i>

OR

Legal Land Description	<i>Section</i>	<i>Township</i>	<i>Range</i>	<i>Meridian</i>

5. **Address for Service by Mail** (*if different from Item 3*)

NOTE: *If this is a change, please read instructions carefully.*

<i>Post Office Box Only</i>	<i>City / Town</i>	<i>Province</i>	<i>Postal Code</i>

Authorized Signature
(for societies and non-profit companies only)

Name of Person Authorizing *(please print)*

Date

Telephone Number *(daytime)*

Identification
(not applicable for societies and non-profit companies)

Title *(please print)*

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Notice Of Directors Or Notice Of Change Of Directors

Business Corporations Act
Sections 101, 108 and 276

1. Name of Corporation	2. Alberta Corporate Access Number

3. The following persons were appointed Director(s) on _____ **:**
year / month / day

Name of Director <i>(Last, First, Second)</i>	Mailing Address <i>(including postal code)</i>	Are you a resident Canadian?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>

4. The following persons ceased to hold office as Director(s) on _____ **:**
year / month / day

Name of Director <i>(Last, First, Second)</i>	Mailing Address <i>(including postal code)</i>

5. As of this date, the Director(s) of the corporation are:

Name of Director <i>(Last, First, Second)</i>	Mailing Address <i>(including postal code)</i>	Are you a resident Canadian?
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/>

6. To be completed only by Alberta Corporations:

Are at least half of the members of the Board of Directors resident Canadians? Yes No

Name of Person Authorizing <i>(please print)</i>	Telephone Number <i>(daytime)</i>	Date
Identification	Title <i>(please print)</i>	

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See instructions for completion
on the back of this form.

Annual Return

Business Corporations Act

Corporate Access No. _____ For Year Ending _____

Date of Incorporation, Continuance, Amalgamation or Registration _____
YEAR MONTH DAY

1. Name of Corporation

2. Address

3. Has there been any change of directors? Yes No

4. If Yes, have Corporate Registry Records been updated? Yes No If No, attach the update to this form.

5. SHAREHOLDER INFORMATION

6. CHANGES IN SHAREHOLDERS (if applicable)

Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>
Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>
Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>
Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>
Name and Address _____ % of voting shares issued _____	Name and Address _____ % of voting shares issued _____
Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>	Corporate Access Number _____ If a Director, check this box <input type="checkbox"/>

7. IMPORTANT NOTICE TO CORPORATION

Telephone Number

Date

Authorized Signature
(for non-profit companies only)

Name and Title of Person Authorizing
(please PRINT)

Provide Identification (e.g. Operator's Licence)
(not applicable for non-profit companies)

Articles of Revival

BUSINESS CORPORATIONS ACT

INSTRUCTIONS

This information is submitted to your authorized service provider for filing with the Registrar pursuant to the Business Corporations Act and must conform to Section 1 of the Regulations made under the Act.

- Item 1. Enter the dissolved corporation's full legal name. If the corporation has been dissolved for more than three years, these articles must be submitted with an Alberta Name Search Report (from the NUANS database), dated not more than 90 days from the date the Articles of Revival are submitted to your authorized service provider.
- Item 2. The corporate access number **must** be entered. It is printed on the top right hand corner of the:
- Certificate of Incorporation
 - Certificate of Continuance
 - Certificate of Amalgamation.
- Item 3. Enter the reasons why the corporation was dissolved, adding specific references, where possible, to the section of the Business Corporations Act under which it was dissolved.
- Item 4. Enter your interest / relationship in the corporation and why you seek to have the corporation revived.
- Item 5. Enter your full name (last, first, second).
- Item 6. Enter your complete business or home address, including the postal code.

The Articles must be filed with:

- Annual Returns not previously filed
- all notices required under the Act.

It is recommended that a Notice of Address and Notice of Directors be submitted to your authorized service provider to confirm that information.

The following information must be included:

- name of person authorizing (director/authorizing officer)
- identification
- date

NOTE: Due to limited space, an appropriate attachment adhering to Section 1 of the Regulations is acceptable.