

## Re: Ontario Corporation Revival

Thank you for your inquiry regarding reviving an Ontario corporation. Below is a summary of the applicable fees and important requirements:

- **Government Fee: \$330.00**
- **Electronic Filing Fee: \$84.50+Hst**
- **Our Service Fee, if you have the Ontario Company Key: \$235.00+Hst**
- **Our Service Fee, if you do not have the Ontario Company Key: \$285+Hst**

1. ***Nuans Report***

*An 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. ***Consent from the Ministry of Finance***

*If your corporation was cancelled by the Ontario Corporations Tax Branch, a consent letter from the Ministry of Finance is required for the revival. A request for this consent will be forwarded automatically to the Ministry of Finance when the revival filing is submitted.*

***To avoid rejection of the filing, please contact Ministry of Finance to clear your Tax Account.***

*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***

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

Sincerely yours,

Best Ontario Inc.

## Ontario Corporate Services-Fee Schedule

GOVERNMENT FEES	Incorporation	Amendment	Restated
	300	150	150
	Revival	Dissolution	Non-Profit
	330	25	155
Electronic Filing Fee		<b>HST</b>	<b>TOTAL</b>
		84.50	10.99
			95.49

### ONTARIO INCORPORATION PACKAGE Service Fees (Business Corporation)

			HST	TOTAL
P01	NUANS® Report, Incorporation Filing, Initial Return Filing, Company Key, BN(Tax) Number	235	30.55	265.55
P02	NUANS® Report, Incorporation Filing, Initial Return Filing, Company Key, BN(Tax) Number, Minute Book with Seal,	410	53.30	463.30
P03	NUANS® Report, Incorporation Filing, Initial Return Filing, Company Key, BN(Tax) Number, Minute Book with Seal & Updating	560	72.80	632.80
P04	Numbered Company Incorporation Filing, Initial Return Filing, Company Key, BN(Tax) Number	193	25.09	218.09
P05	Numbered Company Incorporation Filing, Initial Return Filing, Company Key, BN(Tax) Number, Minute Book with Seal	368	47.84	415.84
P06	Numbered Company Incorporation Filing, Initial Return Filing, Company Key, BN(Tax) Number, Minute Book with Seal & Updating	518	67.34	585.34

### Ontario NOT-FOR-PROFIT Registration Service Fees

			HST	TOTAL
N01	NUANS® Report, NOT-FOR-PROFIT / Charity Articles Preparing, Filing, Initial Return	290	37.70	327.70
N02	NUANS® Report, NOT-FOR-PROFIT/ Charity Articles Preparing, Filing, Initial Return & Seal	380	49.40	429.40

### ONTARIO CORPORATION INFORMATION CHANG Service Fees

			HST	TOTAL
C01	Corporation Notice of Change (Form 1) Filing with Profile Report	150	19.50	169.50
C02	Corporation Notice of Change (Form 1) Filing with Profile Report, Obtaining Company Key	200	26.00	226.00
C03	Extra Provincial Corporation Initial Return (Form 2) W/ Company Key	120	15.60	135.60
C04	Corporation Amendment Filing	235	30.55	265.55
C05	Corporation Amendment Filing, Obtaining Company Key	285	37.05	322.05
C06	Restated Articles of Incorporation Filing	235	30.55	265.55
C07	Restated Articles of Incorporation Filing, Obtaining Company key	285	37.05	322.05
C08	Corporation Dissolution Filing	120	15.60	135.60
C09	Corporation Dissolution Filing, Obtaining Company Key	170	22.10	192.10
C10	Corporation Revival Filing	235	30.55	265.55
C11	Corporation Revival Filing Obtaining Company Key	285	37.05	322.05
C12	Obtaining Ontario Company Key	145	18.85	163.85



8111 Jane Street, Unit 3, Upper Level, Concord, Ontario, L4K 4L7 Tel: (416) 977-8595 (416) 977-9640  
Website: www.bestontario.com Email: info@bestontario.com

GOVERNMENT FEES	60
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ONTARIO BUSINESS NAME REGISTRATION Service Fees			HST	TOTAL
P07	Ontario Business Name Registration ( Sole Proprietorship / General Partnership )	155	20.15	175.15
P08	Ontario Business Name Under Corporation (Trade Name Registration )	155	20.15	175.15

## CORPORATE SUPPLIES

			HST	TOTAL
301	Minute Book Kit With Seal (Black Brief-Case) w/20 Share Certificates	175	22.75	197.75
302	Minute Book With Seal (Burgundy Slip Case) w/20 Share Certificates	175	22.75	197.75
303	Minute Book Kit Without Seal (Black Brief-Case) w/20 Share Certificates	140	18.20	158.20
304	Minute Book Without Seal (Burgundy Slip Case) w/20 Share Certificates	140	18.20	158.20
305	Corporate Seal	90	11.70	101.70
306	Minute Book Initializing/Updating	150	19.50	169.50
307	Minute Book With Seal (Burgundy Slip Case) w/6 Share Certificates	125	16.25	141.25
308	20 Share Certificates	70	9.10	79.10
309	Blank Share Certificates (Single)	3.5	0.46	3.96
310	Blank Share Certificates (Single) w/ Name Printing	5.5	0.72	6.22

Courier Option				HST	TOTAL
D01	Courier Fee	22	2.86	24.86	

Total Amount

\$

CARD HOLDER'S NAME and SIGNATURE: VISA MasterCard American Express

First Name: Middle Name: Last Name:

Card Number: Expiry Date: Security Code:

The Cardholder Signature: X

Please sign here to acknowledge this order and agree to pay by the credit card.



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## 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 Name: _____	Last Name: _____
	Name: _____		
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>
Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM			

SECOND	First Name: _____	Middle Name: _____	Last Name: _____
	Name: _____		
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>
Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM			

THIRD	First Name: _____	Middle Name: _____	Last Name: _____
	Name: _____		
	<input type="checkbox"/> Same as business address	Suite: _____	Street No. & Name: _____
	Canadian/Permanent Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No	Postal Code: _____	City: _____ Province: <input type="checkbox"/> <i>ONTARIO</i>
Elected Date: _____ Resigned Date: _____ <input type="checkbox"/> President/ <input type="checkbox"/> Secretary/ <input type="checkbox"/> Treasurer/ <input type="checkbox"/> GM			

Note: If you have additional directors, please complete another copy of this request form.

### 5. Additional Information

- Authorizing person Signature: **X** \_\_\_\_\_ Authorizing person Name: \_\_\_\_\_
- E-mail Back 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.