Best ontario	Т	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				
Ontario Busine					C	
Contact Name:	-55 1141 Tel: (Cell: (Date:	
1. Proposed Business Name	101. (DMENT CANCELLATION	
2. Address of Principal Place of	of Business	in Ontar	io			
Suite/Apt./Unit: Stree	Street No. & Name:					
City: Prov	Province: <i>ONTARIO</i> Postal Code: Business Phone: ()					
3. Brief Description of Busines	S					
4. Corporation Information Jurisdiction in which the Con			n the Corporation	was incorporate	ed: 🗌 ONTARIO 🗌 FEDERAL	
Corporation Full Legal Name:						
Ontario Company Key:			Address of H	lead or Register	red Office of the Corporation: 🏷	
Suite/Apt./Unit: Stree	et No. & Name:					
City: Prov	ince: 🗌 ONTA	<i>RIO</i> Postal	Code:	Bus	iness Phone: ()	
5. Ontario Company Key:		ease obtain th	ie key on my beha	alf (\$95.00)	I will obtain the key myself	
6. Name of Person Authorizing	this Regis	s tration (c	one of the Dir	ectors of the	e corporation)	
First Name:	М	iddle Name:	Ile Name: Last Name:			
7. Please provide your email a	ddress:					
Government Registration and Filing Fee: \$1	15.00 (New Reg	gistration & Re	enewal); Our serv	vice fee \$118.6	5	
8. Payment Options	(all p	orices includ	le Government	fees, Service	fee and HST)	
Payment by Credit Cards: S233.65 (/	For New registra	ation & Renew	val)	Paymer	nt by Email Money Transfer (EMT)	
CARD HOLDER'S NAME and SIGN	ATURE:	Γ	VISA	MasterCard	American Express	
First Name:	N	liddle Initial:		Last Na	me:	
Card Number:	_				bire Date: /	
The Cardholder Signature: $X_{_}$ Please s	<i>ign here</i> to ac	knowledge t	by fax or email t	his order and a	agree to pay by the credit card.	



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				
Owner of the Sole-Proprietorship				
Director of the Corporation				
other individual having knowledge of the affairs of the Company				
(Check appropriate box)				
operating as business name:				
(Business Name)				
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.