

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P93000003983

Entity Name: NICKEL CORP., INC.

FILED
Oct 14, 2009
Secretary of State

Current Principal Place of Business:

C/O THOMAS A. COX - THE COX OFFICE
419 PARK AVENUE SOUTH, SUITE 1302
NEW YORK, NY 100168410

Current Mailing Address:

C/O THOMAS A. COX - THE COX OFFICE
419 PARK AVENUE SOUTH, SUITE 1302
NEW YORK, NY 100168410

New Principal Place of Business:

C/O THOMAS A. COX - THE COX OFFICE
419 PARK AVENUE SOUTH, SUITE 1300
NEW YORK, NY 100168410

New Mailing Address:

C/O THOMAS A. COX - THE COX OFFICE
419 PARK AVENUE SOUTH, SUITE 1300
NEW YORK, NY 100168410

FEI Number: 65-0384599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION INFORMATION SERVICES INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DAWN FRANTZ

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COX, T A
Address: 419 PARK AVENUE SOUTH, #1300
City-St-Zip: NEW YORK, NY 10016

Title: T () Delete
Name: ROWLAND, T J
Address: 419 PARK AVENUE SOUTH, #1300
City-St-Zip: NEW YORK, NY 10016

Title: S () Delete
Name: MCDONOUGH, E
Address: 419 PARK AVENUE SOUTH, #1300
City-St-Zip: NEW YORK, NY 10016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: T. ROWLAND

T

10/14/2009

Electronic Signature of Signing Officer or Director

Date