# 2008 FOR PROFIT CORPORATION REINSTATEMENT

**FILED**
**Aug 13, 2008**
**Secretary of State**

DOCUMENT# P04000102004

**Entity Name:** AMHERST CONSULTANTS, INC.

**Current Principal Place of Business:**

374 ANSIN BOULEVARD
HALLANDALE, FL 33009

**New Principal Place of Business:**

1990 NE 163RD STREET
SUITE 104
MIAMI, FL 33162

**Current Mailing Address:**

374 ANSIN BOULEVARD
HALLANDALE, FL 33009

**New Mailing Address:**

1990 NE 163RD STREET
SUITE 104
MIAMI, FL 33162

**FEI Number: 90-0189140** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CUNEO, NICHOLAS F IV
374 ANSIN BOULEVARD
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

CUNEO, NICHOLAS F IV
1990 NE 163RD ST
104
MIAMI, FL 33162 US

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: NICHOLAS CUNEOJR 08/13/2008
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: PD ( ) Delete
Name: CUNEO, NICHOLAS F IV
Address: 374 ANSIN BOULEVARD
City-St-Zip: HALLANDALE, FL 33009

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition
Name: CUNEO, NICHOLAS F IV
Address: 1990 NE 163RD ST,SUITE104
City-St-Zip: MIAMI, FL 33162

Title: VP ( ) Change (X) Addition
Name: PUENTE, ASTRID
Address: 1990 NE 163RD ST,SUITE 102
City-St-Zip: MIAMI, FL 33162

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: NICHOLAS CUNEO PD 08/13/2008
Electronic Signature of Signing Officer or Director Date