

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P06000141150

Entity Name: SUN CITY AUTO FINANCE CORP

**FILED**  
**Nov 02, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

2306 NE WALDO ROAD  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

2306 NE WALDO ROAD  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 20-5849011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SALIMITARI, ESFANDIAR  
18060 NW 150TH AV ENUE  
WILLISTON, FL 32696 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: ESFANDIAR SALIMITARI

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: SALIMITARI, ESFANDIAR  
Address: PO BOX 12666  
City-St-Zip: GAINESVILLE, FL 32604

Title: VP ( ) Delete  
Name: SALIMITARI, KOUROSH  
Address: PO BOX 12666  
City-St-Zip: GAINESVILLE, FL 32604

Title: SEC ( ) Delete  
Name: SALIMITARI, SHOKROLAH  
Address: PO BOX 12666  
City-St-Zip: GAINESVILLE, FL 32604

**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: ESFANDIAR SALIMITARI

Electronic Signature of Signing Officer or Director

PRES

11/02/2007

Date