FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960774-TC

PAYTEL, INC.	CH THE APPLICANT WILL DO BUSINESS		
ADDRESS OF THE	APPLICANT(S)		
STREET	6661 SW 70th LANE		
CITY	MIAMI		
STATE & ZIP	FL 33143		
TYPE OF ORGANIZ	ZATION (CHECK ONE)		
A. INDIVIDUA OWN NAME	AL DOING BUSINESS UNDER HIS/HER:	[]	
DOCUMENTATION:	No other documentation needed.		-1
B. PARTNERS		[]	E
DOCUMENTATION: with the name a	Attach a copy of the partnership and address of all partners.	agreement,	and
c. CORPORAT	ION:	[x]	2
filed with the outside of Flor	Attach proof that articles of in Florida Secretary of State's Officida, attach proof from the Florida authority to operate in Florida and pristered Agent.	fice. If in Secretary of	Stat
NAME	ERIK GRIEVE		
ADDRESS	6661 SW 70th LANE		
	MIAMI, FL 33143		

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 5
REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE

PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:							
NAM	E: ERIK GRIEVE						
TIT	LE: PRESIDENT / OWNER						
PHO	NE: 1-800-841-9742						
THE	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICATE BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE RIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATE	AN I					
IF CER	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST TIFICATE HOLDER AND CERTIFICATE NUMBER.	THE					
	NOT APPLICABLE						
	BECAUSE THE ANSWER TO #6 WAS NO						
LIS	T THE STATES IN WHICH THE APPLICANT:						
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE NONE						
A. B.		IONE					
	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPH	IONE					
	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPH PROVIDER.						

	PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
	LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
	PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
٠	HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE [X] [X] [X]
	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.
	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)
	YES

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 06/17/96

APPLICANT ACKNOWLEDGEMENT CARD

Applic	ant ERIK GRIEVE
Servic	nowledge receipt and understanding of the Florida Public e Commission's Rules and Requirements relating to my provision Telephone Service.
	PRESIDENT / OWNER
Title Date	06/17/96

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 14, 1996

LAZARUS CORPORATE INDUSTRIES, INC. 890 SW 87 AVE., STE. 16 MIAMI, FL 33174

The Articles of Incorporation for PAYTEL, INC. were filed on June 14, 1996 and assigned document number P96000050901. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sandy Ng, Document Specialist New Filings Section

Letter Number: 096A00029714

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DOC B. DOC with C.	TY ATE & ZIP PE OF ORGANIZAT INDIVIDUAL OWN NAME.	MIAMI FL 33143 TION (CHECK ONE)	,	
5T/ 4. TYI A. DOC B. DOC wit C.	ATE & ZIP PE OF ORGANIZAT INDIVIDUAL OWN NAME.	FL 33143 TION (CHECK ONE)	. []	
4. TYI A. DOC B. DOC wit C.	PE OF ORGANIZAT INDIVIDUAL OWN NAME.	TION (CHECK ONE)		
DOC B. DOC WIT C.	INDIVIDUAL OWN NAME.		[]	
DOC B. DOC wit C.	OWN NAME.	DOING BUSINESS UNDER HIS/HER:	f 3	
B. DOC wit C.	CUMENTATION:		* *	.0
DOC wit C.		No other documentation needed.		8 1
wit C. DOC	PARTNERSH	P:	[]	Jul 25
DOC	CUMENTATION: A	Attach a copy of the partnership I address of all partners.	o agreement, a	ind list
DOC fil	CORPORATION	l:	[x]	9 25
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NAM	4E	ERIK GRIEVE		
ADD	DRESS	6661 SW 70th LANE		
		MIAMI, FL 33143		
RIK H. GRIEVE 961 SOUTHWEST 70TH I	IANE 305-660-9280	11-8075/3210 3278 108137 Date 674 90	[] sen regist	ered with
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