

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT **DEPOSIT** **DATE**
Kosmos Kosmakos **D556** JUN 30 1997

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS
D/B/A CAPTAIN KOSMAKOS SEAFOOD & STEAK HOUSE

3. ADDRESS OF THE APPLICANT(S)
STREET 9610 GULF BLVD,
CITY TREASURE ISLAND
STATE & ZIP FLORIDA 33706-3210

4. TYPE OF ORGANIZATION (CHECK ONE)
A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME Visilakon Corp.
ADDRESS 9610 GULF BLVD, T.I. FL 33706 3210

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: MANAGER
TITLE: KOSMOS KOSMAKOS MGR.
PHONE: 813 367-3743

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

No

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

N/A

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

N/A

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

No

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

N/A

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

N/A

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

N/A

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER, DESCRIBE

[X]
[X]
[X]

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 2 (TWO).

12. 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]

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.)

Yes

14. 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.

Kosmos Kosmakos
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICATION)
DATE: June 20th 1997

APPLICANT ACKNOWLEDGEMENT CARD

Applicant CAPTAIN KOSMAKAS SEAFOOD & STEAK HOUSE

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature X Kosmos Kosmakas 

Title MGR

Date JUNE 20TH 1997

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 25, 1997

CAPTAIN KOSMAKOS SEAFOOD AND STEAK HOUSE
9610 GULF BLVD
TREASURE ISLAND, FL 33706

Subject: CAPTAIN KOSMAKOS SEAFOOD AND STEAK HOUSE

REGISTRATION NUMBER: G94011000028

Pursuant to your request, we are enclosing a certificate for the above fictitious name registration.

Should you have any questions regarding this matter you may contact our office at (904) 488-9000.

Certifications
Division of Corporations

Letter No. 697A00033586

ENTER SELECTION AND CR:
06/25/97

FIDUCIARY NAME DOCUMENT SCREEN

08:30:12

SUMMARY FOR FILING: G94011000028

STATUS: ACTIVE

Current Owners: 0001

Pages in all forms/attachments: 0001

Name CAPTAIN KOSMAKOS SEAFOOD AND STEAK HOUSE

FILED: 01/11/1994

EXPIRES: 12/31/1999

County : PINELLAS

Events filed: 0000

FEI: 59-2394868

Addr 9610 GULF BLVD

TREASURE ISLAND, FL 33706

1) OWNER VASILAKION CORP

9610 GULF BLVD

TREASURE ISLAND, FL 33706

Charter #: G95046

Fei #: 59-2394868

5)Name list 6)Next name/addr 7)Prev name/addr 9)Summary

** NO HISTORY **

ENTER SELECTION AND CR-

State of Florida



Department of State

I certify from the records of this office that CAPTAIN KOSMAKOS SEAFOOD AND STEAK HOUSE is a Fictitious Name registered with the Department of State on January 11, 1994.

The Registration Number of this Fictitious Name is G94011000028.

I further certify that said Fictitious Name Registration is active.

Given under my hand and the
Great Seal of the State of Florida,
at Tallahassee, the Capitol, this the
Twenty-fifth day of June, 1997



CR2EO22 (2-95)



Sandra B. Northam
Secretary of State

✓ **Captain Kosmos**

**Seafood
and**



**Steak
House**

813-267-2743
813-266-6426

9610 Gulf Boulevard
Sarasota Island, FL 34296

6/28/97

Ms' Brenda Hawkins

Thank You for your help
with this Application

Thanks Again
PUBA

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NAME Visiakon Corp.
 ADDRESS 9610 GULF BLVD, T.I. FL 33706 3210

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

2 **UNITED STATES POSTAL MONEY ORDER** en registered with

66575791822 970627 337061 *100*00

SERIAL NUMBER	YEAR, MONTH, DAY	POST OFFICE	U.S. DOLLARS AND CENTS
66575791822	970627	337061	*100*00
PAID TO <u>F.P.S.C.</u>	CHECK NUMBER	ISSUE DATE	AMOUNT
<u>2540 SHUMARD BLVD</u>	<u>0001000000</u>	<u>06/30/97</u>	<u>100.00</u>
<u>TALLAHASSEE FL 32397</u>	ISSUED TO	ISSUED AT	
	<u>Capt Kosmakos</u>	<u>TREASURE IS FL 33706</u>	

NEGOTIABLE ONLY IN THE U.S. AND POSSESSIONS