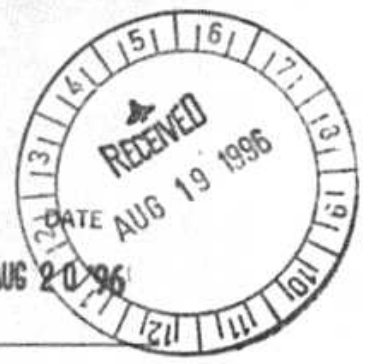


FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION  
DEPOSIT TREAS. REC.



1. LEGAL NAME OF THE APPLICANT D363 阿塔通通讯 AUG 20 1996

Miresa Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS  
In Touch Telecommunications

3. ADDRESS OF THE APPLICANT(S) 960939-TC

STREET 9159 Bedford Drive

CITY Boca Raton

STATE & ZIP FL 33434

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

D. DOING BUSINESS UNDER A FICTITIOUS NAME: [X]

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: Carole Ann Paquette  
TITLE: President  
PHONE: 561-451-4226

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.

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—  
—

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None

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

None

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

None

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

None

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.

No

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE

[

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5

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

[

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*

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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*

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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.

Carole Ann Paquette  
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: August 10, 1996

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Carole Ann Paquette

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

Signature Carole Ann Paquette

Title President

Date August 16, 1996

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

August 2, 1996

CAROLE ANN PAQUETTE  
9159 BEDFORD DRIVE  
BOCA RATON, FL 33434

The Articles of Incorporation for MIRESA INC. were filed on August 1, 1996 and assigned document number P96000064628. 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.

Kimberly Rolfe, Document Specialist  
New Filing Section

Letter Number: 996A00037007

# State of Florida



## Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of MIRESA INC., a Florida corporation, filed on August 1, 1996, as shown by the records of this office.

The document number of this corporation is P96000064628.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Second day of August, 1996



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State



**ARTICLES OF INCORPORATION**

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

FILED  
96 AUG - 1 AM 9:46  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**ARTICLE I NAME**

The name of the corporation shall be:

Miresa Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

9159 Bedford Drive  
Boca Raton, FL 33434

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Carole Ann Paquette  
9159 Bedford Drive  
Boca Raton, FL 33434

**TITLE V INCORPORATOR(S)**  
See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Carole Ann Paquette  
9159 Bedford Drive  
Boca Raton, FL 33434

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31 day of July, 19 96.

(An additional article must be added if an effective date is requested.)

Carole Ann Paquette  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Miresa Inc.

2. The name and address of the registered agent and office is:

Carole Ann Paquette  
(NAME)  
9159 Bedford Drive  
(P.O. Box or Mail Drop Box NOT ACCEPTABLE)  
Boca Raton, FL 33430  
(CITY/STATE/ZIP)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
96 AUG - 1 AM 9:46  
FILED

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Carole Ann Paquette  
(SIGNATURE)

July 31, 1996  
(DATE)

# State of Florida



## Department of State

I certify from the records of this office that M!RESA INC. is a corporation organized under the laws of the State of Florida, filed on August 1, 1996.

The document number of this corporation is P96000064628.

I further certify that said corporation has paid all fees and penalties due this office through December 31, 1996, and its status is active.

I further certify that said corporation has not filed Articles of Dissolution.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Second day of August, 1996



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

August 13, 1996

IN TOUCH TELECOMMUNICATIONS  
9159 BEDFORD DRIVE  
BOCA RATON, FL 33434

Subject: **IN TOUCH TELECOMMUNICATIONS**

REGISTRATION NUMBER: **G96225000234**

This will acknowledge the filing of the above fictitious name registration which was registered on August 12, 1996. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

**IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES.** Whenever corresponding please provide assigned Registration Number.

Enclosed is your certificate(s) as requested.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section  
Division of Corporations

Letter No. 596A00038580

# State of Florida



Department of State

I certify that the attached is a true and correct copy of the Application For Registration of Fictitious Name of IN TOUCH TELECOMMUNICATIONS, registered with the Department of State on August 12, 1996, as shown by the records of this office.

The Registration Number of this Fictitious Name is G96225000234.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capitol, this the  
Thirteenth day of August, 1996



CR2EO22 (2-95)

*Sandra B. Northam*

Sandra B. Northam  
Secretary of State

1. IN TOUCH  
Fictitious Name to be Registered  
TELECOMMUNICATIONS

2. 9159 Bedford Drive  
Mailing Address of Business  
Boca Raton, FL 33434  
City State Zip Code

3. Florida County of principal place of business: Palm Beach County

4. FEI Number: \_\_\_\_\_

FILED  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA  
 08-12-96 0005 034 \*\*\*80.00  
 696225000234

This space for office use only

**A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):**

<p>1. _____  <small>Last First M.I.</small></p> <p>_____  <small>Address</small></p> <p>_____  <small>City State Zip Code</small></p> <p>SS# _____</p>	<p>2. _____  <small>Last First M.I.</small></p> <p>_____  <small>Address</small></p> <p>_____  <small>City State Zip Code</small></p> <p>SS# _____</p>
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**B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):**

<p>1. <u>Miresa Inc.</u>  <small>Entity Name</small>  <u>9159 Bedford Drive</u>  <small>Address</small>  <u>Boca Raton, FL 33434</u>  <small>City State Zip Code</small>        Florida Registration Number <u>P96 00001628</u>        FEI Number: <u>(616161456) (Carol Paquette)</u></p> <p><input checked="" type="checkbox"/> Applied for    <input type="checkbox"/> Not Applicable</p>	<p>2. _____  <small>Entity Name</small></p> <p>_____  <small>Address</small></p> <p>_____  <small>City State Zip Code</small></p> <p>Florida Registration Number _____        FEI Number: _____</p> <p><input type="checkbox"/> Applied for    <input type="checkbox"/> Not Applicable</p>
--	--

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. I (we) further certify that the fictitious name shown in Section 1 of this form has been advertised at least once in a newspaper as defined in chapter 50, Florida Statutes, in the county where the applicant's principal place of business is located. I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Carol Ann Paquette 8/9/96  
Signature of Owner Date

Phone Number: 407-451-4226

**FOR CANCELLATION COMPLETE SECTION 4 ONLY:  
 FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:**

I (we) the undersigned, hereby cancel the fictitious name \_\_\_\_\_  
 \_\_\_\_\_, which was registered on \_\_\_\_\_ and was assigned  
 registration number \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner Date

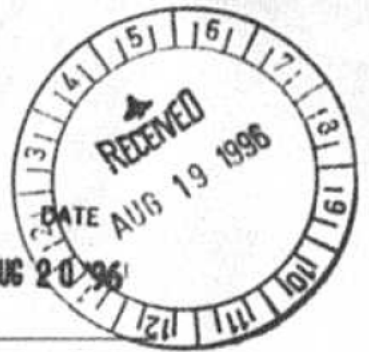
Mark the applicable boxes     Certificate of Status — \$10     Certified Copy — \$30

**FILING FEE: \$50**

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

CR4E-001 (5/96)

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION  
DEPOSIT TREAS. REC.



1. LEGAL NAME OF THE APPLICANT

D363 電話申請書 AUG 20 1996

Miresa Inc.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

960939-TC

In Touch Telecommunications

3. ADDRESS OF THE APPLICANT(S)

STREET 9159 Bedford Drive  
CITY Boca Raton  
STATE & ZIP FL 33434

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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

RECEIVED  
FLORIDA PUBLIC SERVICE COMMISSION  
AUG 19 19 9 06  
MAIL ROOM

UNITED STATES POSTAL MONEY ORDER 10-800 000  
SERIAL NUMBER 62492623660 YEAR MONTH DAY 960817 POST OFFICE 33434 \*100\*00  
PAY TO Florida Public Ser Com  
ADDRESS 1000000000  
FROM Cash on Hand  
ADDRESS 9159 Bedford Dr  
Boca Raton FL 33434

When registered with