FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

	LEGAL NAME OF THE APPLICANT	DEPOSIT	TREAS. REC	. 0/
	Lum See Motel of Cacea Beach	I 0380	五金属物品	SEP 3
	NAME UNDER WHICH THE APPLICANT WILL DO BUSI	NESS		
	ADDRESS OF THE APPLICANT(S)			
	STREET 3/85 N. ATlantiz	Ace		
	CITY Cocon Beach Fl			
	STATE & ZIP FL 32931			
	TYPE OF ORGANIZATION (CHECK ONE)			
	A. INDIVIDUAL DOING BUSINESS UNDER HIS/H OWN NAME.	ER:	[]	
	DOCUMENTATION: No other documentation nee	ded.		
	B. PARTNERSHIP:		[]	
	DOCUMENTATION: Attach a copy of the partn with the name and address of all partners.	ership agre	ement, and	l a lis
	C. CORPORATION:		M	
	DOCUMENTATION: Attach proof that articles filed with the Florida Secretary of State outside of Florida, attach proof from the Fl applicant has authority to operate in Florid of Florida Registered Agent.	e's Office. orida Secre	If incom	rporate ate tha
CED	NAME Charles Company	5,		
U		- J		
	D. DOING BUSINESS UNDER A FICTITIOUS NAM	E:	[]	
	DOCUMENTATION: Attach proof that fictitious			

FORM PSC/CMU 32 (R3-93) PAG. 2 OF 6 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:										
NAME		Jackie	Prong	v-						
TITLE	E: _	Mana	yer							
PHONE		407 - 7	7.0							
THE (APPLICANT CASE OF A BEEN GRAN IDA? THIS	CLOSELY H	ELD CORP	ORATION AY TELE	N ANY S EPHONE	HAREHOL CERTIFI	DER O CATE	IN TH	E STAT	CAN E (
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CERT	IFICATE HO	LDER AND C	ERTIFICA	TE NUM	BER.					
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LIST	THE STATE	S IN WHICH	THE APP	LICANT	: M	14	_			
LIST		S IN WHICH								
	IS CURRE	NTLY PROVI	DING PAY	TELEP	HONE SE	ERVICE	AS /	A PAY	TELEP	HON
Α.	HAS APPL PROVIDER	NTLY PROVI	PENDING UTHORITY	TELEP	CERTI	FICATED				
А.	HAS APPL PROVIDER	ICATIONS DENIED A	PENDING UTHORITY	TELEP	CERTI	FICATED				
А.	HAS APPL PROVIDER	ICATIONS DENIED A	PENDING UTHORITY	TELEP	CERTI	FICATED				

	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
FOUN	ASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OF ANY CRIME, OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAD BEEN PROCEEDINGS.
PLEA	SE CHECK THE SERVICES THAT WILL BE PROVIDED:
CRED	ING CARD [] IT CARD [] IR, DESCRIBE []
CALL CRED OTHE PROF	ING CARD
CALL CRED OTHE PROF IN 1	ING CARD IT CARD IT, DESCRIBE OSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE

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

APPLICANT ACKNOWLEDGEMENT CARD

Applicant	Long Son Motel of Cocas Bouch Inc	
Service Con	dge receipt and understanding of the Florida Pumission's Rules and Requirements relating to my provi	iblic ision
Title	Bues.	
Date	9/18/96	

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.

DEPOSIT TREAS, REC.

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

3/85 N. Atlantiz Ace

Cocon Beach Fl

FL 32931

Lum Sen Motel of Coca Beach I D380 Manan SEP 30 901

LEGAL NAME OF THE APPLICANT

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ADDRESS OF THE APPLICANT(S)

TYPE OF ORGANIZATION (CHECK ONE)

NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

1.

2.

3.

4.

STREET

STATE & ZIP

CITY

	 INDIVIDUAL DOING BUSINESS UNDE OWN NAME. 	R HIS/HER: []	
	DOCUMENTATION: No other documentat	ion needed.	
	B. PARTNERSHIP:	[]	
	DOCUMENTATION: Attach a copy of the with the name and address of all par	e partnership agreement, and a itners.	list
· ·	C. CORPORATION:	M	
	DOCUMENTATION: Attach proof that a filed with the Florida Secretary o outside of Florida, attach proof from applicant has authority to operate in of Florida Registered Agent.	f State's Office. If incorporation the Florida Secretary of State to	ted hat
	LUNA SEA & BREAKFAST MOTEL 3185 N. ATLANTIC AVE. COCOA BEACH, FL 32931 783-0500 FAX (407) 784-6515	RELIANCE BANK COCOA BEACH, FL 32931 63-1731/631	7668
	9 1 1 (11	9-25.96 =	TOO 00
PAY One	, hundred dollars	- XX	
PAY One TOTAL SSO	, Inundered dollars 112a Problec Service June Seer-Par Polon	Day was	uh)